

Litchfield Family Practice Center, LLP

Roger A. Wujek, MD, PC - Phillip W. Johnson, MD, PC - Timothy L. Ishmael, MD, PC
 A. Elaine Fisher, MD, PC - Daniel A. Wujek, MD, PC - Keith A. Cochran, MD, PC

Position applied for: _____ Date: _____

Name: _____

Last First Middle

Address: _____

Street P.O. Box (if applicable) City State Zip

Cell #: _____ Email Address: _____

Social Security Number: _____ Email: _____

Have you ever been employed here before? If yes, give dates & positions:

Type of employment desired (circle one): **Full Time** **Part Time** **Temporary**

Are you able to perform the essential functions of the job for which you are applying; with or without reasonable accommodation? (circle one): **Yes** **No** **Need More Information**

Date available for work: _____ What is your desired salary range? _____

Have you ever plead "guilty" or "no contest" to, or have you ever been convicted of a felony? (circle one) **Yes** **No**

If yes, please provide date(s) and details:

EDUCATIONAL BACKGROUND			
School:	City & State:		
Did you receive a degree or certification? (circle one)	Yes	No	Currently Attending
If Yes, what degree or certification did you acquire:			
School:	City & State:		
Did you receive a degree or certification? (circle one)	Yes	No	Currently Attending
If Yes, what degree or certification did you acquire:			
School:	City & State:		
Did you receive a degree or certification? (circle one)	Yes	No	Currently Attending
If Yes, what degree or certification did you acquire:			

SKILLS & QUALIFICATIONS

Are you a licensed LPN or RN in the state of Illinois? (circle one) **Yes** **No** **Pending**

Do you have your CNA or CMA certification? (circle one) **Yes** **No** **Pending**

Do you have any other special training, skills, licenses and/or certifications or any computer or office skills that may assist you in this workplace? If so, please list below:

Please circle the computer skills your are knowledgeable and comfortable working with:

Microsoft Excel **Microsoft Word** **EHR? If yes, which system?** _____

EMPLOYMENT HISTORY

Most Recent Employer:	Telephone:	Dates Employed:	to
Street Address:			
Job title & summary of work performed:			
Reason for leaving:			
Supervisor:	May we contact for reference?	Yes	No
			Later
Previous Employer:	Telephone:	Dates Employed:	to
Street Address:			
Job title & summary of work performed:			
Reason for leaving:			
Supervisor:	May we contact for reference?	Yes	No
			Later
Previous Employer:	Telephone:	Dates Employed:	to
Street Address:			
Job title & summary of work performed:			
Reason for leaving:			
Supervisor:	May we contact for reference?	Yes	No
			Later

APPLICANT STATEMENT:

I certify that all the information I have supplied in order to apply for and secure work with Litchfield Family Practice Center, LLP or any of the partner companies is complete, true, and correct. Furthermore, I authorize the employer, representatives, or agents to contact and obtain information from any reference I've listed or any previous or current employer (when indicated by circling yes on "May we contact for reference?" in the employment history information) and waive all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I also expressly authorize the employer, representatives, or agents to contact and obtain information from any public agencies, licensing authorities, and educational institutions to verify the accuracy of the information provided by me in this application or in the resume submitted with it.

I understand that this employer does not unlawfully discriminate in employment and that no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by local, state, or federal law. I understand that my application and/or resume will remain on file at the company for 1 year from the date of application. After 1 year has passed, I realize that if I am still interested in obtaining employment with Litchfield Family Practice Center, LLP or any of the partner companies, I will need to resubmit my resume and/or application.

I understand that if I am hired, it is at an at will basis, meaning that I am free to resign at any time, with or without cause or prior notice, and that the employer reserves the right to terminate my employment at any time, with or without cause or prior notice, under the terms of the law. If I am hired, I will be able to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form and for that form to be kept by my employer.

Equal opportunity is the policy of our office and employment opportunities will NOT be limited because of race, creed, color, religion, sex, marital status, sexual orientation, disability, veteran or military status, or nationality will be so applied. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. Our practice abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age (40 and over). Our practice complies with the Americans with Disabilities Act (ADA) and will make reasonable accommodation to a worked or applicant with a known disability when requested to make an accommodation.

I understand that if any information I have provided to the employer, whether written or verbal, is found to be false, incomplete, or misrepresented in any manner, will be sufficient cause to eliminate me from further consideration for employment or may result in immediate discharge from employer's service, whenever it is discovered.

BY SIGNING, THE APPLICANT IS CERTIFYING THAT HE OR SHE HAS READ, FULLY UNDERSTOOD AND ACCEPTS ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

Signature of Applicant: _____

Date: _____