



**Thank you for your interest in joining our team  
at Imboden Creek Health Services!**

Please print and complete the following Employment Application Packet.  
Before submitting, please insure and you have included all reference contact information and signed  
each page that requires “Applicant Signature”.

When the packet is complete, please submit in person to:

Imboden Creek Health Services  
180 West Imboden Drive  
Decatur IL 62521

To check on the status of your application, please call  
(217) 422-6464

**Thank you!**





**EMPLOYMENT UNDERSTANDING**  
**(PLEASE READ AND SIGN)**

**This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.**

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize this institution to make such investigations and inquiries necessary in arriving at any employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that an offer of employment may be contingent on passing the physical, medical, and training requirements essential to the duties that I would be required to perform. I understand that I am required to abide by all rules and regulations of the Company as permitted by law. I also understand that my employment is at will, and that either party is free to terminate the employment relationship at anytime without cause.

I consent to take the physical examination and such future examination as may be required by this institution at such times and places as the Company shall designate.

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APPLICANT'S SIGNATURE

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DATE

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. Do you currently use ILLEGAL DRUGS? \_\_\_\_\_

2. What was your attendance record at your previous job? \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a felony and/or served time in a jail or penal institution in the past seven years? (Note: You are not obligated to disclose sealed or expunged records of conviction or arrest.) \_\_\_\_\_

\_\_\_\_\_

If YES, state the nature of the crime(s), when and where convicted, the disposition of each case, and other relevant circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: IN ILLINOIS THERE ARE LISTS OF DISQUALIFYING CRIMES. IF YOU ARE CONVICTED OF ONE OF THESE CRIMES, YOU CAN BE DENIED EMPLOYMENT IN A LONG TERM CARE FACILITY SOLELY ON THE GROUNDS OF CONVICTION, ACCORDING TO PUBLIC ACT 89-197.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

FROM: IMBODEN CREEK HEALTH SERVICES  
180 West Imboden Drive  
Decatur, IL 62521

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

\_\_\_\_\_, Social Security Number \_\_\_\_\_

has applied to this company for a position in \_\_\_\_\_. Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self addressed envelope.

Very Truly Yours,  
*Human Resources, Imboden Creek Health Services*

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1. What dates are/was above named employed by your company? \_\_\_\_\_
  2. What kind(s) of work did he/she do? \_\_\_\_\_
  3. Did he/she have custody of money or valuables? YES NO  
Were accounts properly kept? YES NO
  4. Reason for leaving employment? \_\_\_\_\_ DISCHARGED \_\_\_\_\_ LAID OFF \_\_\_\_\_ RESIGNED
  5. Was his/her general conduct satisfactory? YES NO OTHER \_\_\_\_\_
  6. Is he/she competent for the position he/she is seeking? YES NO
  7. Would you re-hire? YES NO
  8. Any remarks with regards to questions 1-7 above? \_\_\_\_\_
- 

\_\_\_\_\_  
SIGNATURE OF PERSON SUPPLYING INFORMATION

\_\_\_\_\_  
DATE

(DETACH HERE FOR YOUR FILES)

**You are hereby authorized to give to IMBODEN CREEK HEALTH SERVICES all information regarding my services, character, and conduct while in your employment, and you are released from any and all liability which may result from furnishing such information.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE