



ILLINOIS CANCERCARE, P.C.

Specializing in Cancer and Blood Disorders

8940 N. Wood Sage Road | Peoria, Illinois 61615

APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

FIRST NAME		LAST		MI	
ADDRESS			CITY		STATE ZIP CODE
PREVIOUS ADDRESS (IF AT ADDRESS LESS THAN ONE YEAR):					
ARE YOU 18 YEARS OR OLDER	EMAIL ADDRESS		HOME PHONE		CELL PHONE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				
ARE YOU AUTHORIZED TO WORK INDEFINITELY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT IS YOUR CURRENT IMMIGRATION STATUS IN THE U.S.?					
IF RELATED TO ANYONE CURRENTLY EMPLOYED BY ILLINOIS CANCERCARE, LIST NAME AND DEPARTMENT:					

EMPLOYMENT DESIRED

POSITION APPLIED FOR	PREFER <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	DATE YOU COULD START	DESIRED SALARY
EVER APPLIED OR WORKED FOR THIS PRACTICE?		WHEN?	
WHAT PROMPTED YOUR APPLICATION? (PLEASE CHECK BOX AND LIST SOURCE)			
<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Newspaper Ad _____	<input type="checkbox"/> Agency _____	
<input type="checkbox"/> Illinois CancerCare Website	<input type="checkbox"/> Walk In	<input type="checkbox"/> Internet Job Board _____	

EDUCATION

SCHOOL	NAME AND LOCATION	DEGREE OR CERTIFICATE OR NUMBER OF CREDITS
High School		
College		
Trade, Business or Correspondence School		
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
SPECIAL SKILLS AND/OR TRAINING		
TYPING - APPROXIMATE WPM	MEDICAL TERMINOLOGY <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER EXPERIENCE <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> ACCESS

PREVIOUS EXPERIENCE

(List all previous employers, most recent first, attach second sheet if necessary)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS

NAME AND ADDRESS OF EMPLOYER

STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS

NAME AND ADDRESS OF EMPLOYER

STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS

REFERENCES

(List the names of three professional references whom you have known at least one year)

NAME	PHONE NUMBER	PROFESSION	YRS. ACQUAINTED
1.			
2.			
3.			

FOREIGN LANGUAGES

DO YOU SPEAK ANY FOREIGN LANGUAGES?

IF YES, WHICH LANGUAGES?

YES NO

Have you been convicted of a felony? YES NO **If yes**, give dates and explanations. Conviction does not automatically exclude you from consideration from employment, and you will be given the opportunity to explain any convictions. You are not obligated to disclose sealed or expunged records of arrests or convictions.

AUTHORIZATION AND RELEASE

I agree, in consideration for Illinois CancerCare to consider me for possible employment, that Illinois CancerCare may make a full investigation of my background as part of its pre-employment process.

To the fullest extent permitted by law, I authorize Illinois CancerCare representatives to make an inquiry of: former employers, all educational institutions attended, all personal and business references, courts, government and state and federal law enforcement agencies, credit reporting agencies and military organizations. I further authorize Illinois CancerCare to receive from such persons, institutions or corporations information including, but not limited to, educational transcripts, work histories, salary histories, residence verifications, motor vehicle reports, criminal records, credit information and other similar information.

I release both Illinois CancerCare and the persons, institutions or corporations providing reference or background information, including their officers, directors, agents, attorneys, and employees from any and all liability, causes of action, claims or demands of any kind, including but not limited to claims of invasion of privacy, defamation, and failure to hire, arising out of or in connection with the authorization given herein.

I grant permission to Illinois CancerCare to contact my present employer.

YES NO

I understand this information will remain confidential and will be used only for the investigation of my background as part of Illinois CancerCare's pre-employment process.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

Print Name

Date

Signature

Social Security Number

Driver's License Number

State



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— APPLICANT AUTHORIZATION AND RELEASE TO TAKE SPECIMEN FOR DRUG TESTING —

1. I understand that Illinois CancerCare has a policy requiring each applicant for employment to be tested for the use or presence of drugs.
2. I hereby voluntarily consent to submit to drug screening or testing by Illinois CancerCare and/or any contractor it selects. The specimen will be tested for the presence of various drugs, including but not limited to barbiturates, cannabinoid metabolites (marijuana), opiates, methadone, phencyclidine (PCP), propoxyphene, methaqualone, cocaine metabolites, sympathomimetic amines (amphetamines), benzodiazepines.
3. I understand that the specimen will be tested to determine the presence of the above-named drugs using a "Custody & Control" procedure to insure integrity of the specimen and its identification. This procedure may include a viewed (witnessed) specimen collection to insure the specimen provided is authentic and unadulterated.
4. I understand that the results of the test will be reviewed and that Illinois CancerCare may terminate the application process or withdraw any employment offer if the results indicate the presence of illegal or improperly used prescription drugs or if there is any question of authenticity of the specimen. I further understand that this authorization does not make any offer of employment or employment on any specific terms or conditions of employment with Illinois CancerCare.
5. I understand that should I be hired by Illinois CancerCare, I may be subject to future substance testing, consistent with company policy.
6. I understand that it is my legal right to refuse to complete a drug test. If I refuse to take a drug test, I understand that I will be disqualified for employment by Illinois CancerCare.
7. I herewith release Illinois CancerCare and its agents and employees from all liability or responsibility related to test administration or processing.

CONSENT TO DRUG TEST

_____ Applicant's Signature _____ Date _____

REFUSAL TO CONSENT TO DRUG TEST

_____ Applicant's Signature _____ Date _____

REMARKS

Please make any comments you feel are pertinent to your application.

I certify that the foregoing information is true and accurate, and that falsification of this or any other information given to Illinois CancerCare may result in my disqualification from employment. I authorize contact by clinic representative of any of my schools, former employers or other references unless otherwise stated. This is to be done for the purpose of collecting information and an account of their experience with me. I agree to hold any or all of them harmless and free of any liability for releasing any truthful information that is within their knowledge or records.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I agree, as does Illinois CancerCare, to waive all rights to a trial by jury on any claim one may assert against the other in a court of law.

I represent and warrant that I am not subject to any restrictive covenant (such as a non-competition agreement), any duty of confidentiality or any other obligation which would prohibit, restrict or interfere with my employment by Illinois CancerCare and no confidential, competitive or proprietary information of any prior employer has been taken by me or divulged by me to Illinois CancerCare.

SIGNATURE _____ DATE _____

IN CASE OF EMERGENCY NOTIFY _____ NAME _____ TELEPHONE NUMBER _____

DATE OFFER LETTER SENT: _____ POSITION OFFERED: _____
SALARY OFFERED: _____ START DATE: _____

ILLINOIS CANCERCARE Employee Benefits Comparison

Our compensation philosophy at Illinois CancerCare is to offer a pay and benefits package which is competitive in our market. To facilitate this process, please complete this form regarding your current benefits package.

Name: _____

Current job title: _____

Years of experience in this field: _____

Highest level of education completed: _____

Current base salary: _____

Average bonus: _____

Medical Coverage	Yes	No	Amount paid by employee
Self			
Family			
Prescription Drug Plan	Yes	No	
Self			
Family			
Dental Coverage	Yes	No	
Self			
Family			
Vision Coverage	Yes	No	
Self			
Family			
Life Insurance Coverage	Yes	No	
Self			
Family			
Disability Insurance Coverage	Yes	No	
Self			
Retirement	Yes	No	Portion paid by company
401k			
Pension			
Other Benefits			
Weeks of vacation per year -			



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