



Route 71 P.O. Box 950  
Oswego, Illinois 60543



**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer

**INSTRUCTIONS FOR APPLICANT**

1. Answer every question on this application completely and accurately without concealing or omitting any information. If you do not, and you are hired, you could lose your job regardless of length of employment.
2. This Employment Application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
3. Under the Health Care Worker Background Check Act (Public Act 89-197), we are required to request a Uniform Criminal Information Act (UCIA) non-fingerprint conviction information request for every non-licensed applicant/employee providing direct patient care.

Name \_\_\_\_\_

Employee # \_\_\_\_\_

TC # \_\_\_\_\_

Full-time Benefits (continued)

BENEFIT	WHO PAYS	WHEN ELIGIBLE	WHAT YOU RECIEVE
Nursing Scholarships	The Tiller's	Certified Nursing Assistants in last year of nursing program	Financial assistance with approved programs
Paid Time Off	The Tiller's	Completion of 90 days of employment	6 paid personal/sick days per anniversary year.
Vacation	The Tiller's	12 months employment	Paid vacation available after one year of service. Based on hours worked
Holiday Pay	The Tiller's	Immediate	6 paid holidays "See employee handbook"
Referral Bonus	The Tiller's	Immediate	Nursing Positions: \$100 to referring employee; Other Positions: \$50 to referring employees.
Jury Duty	The Tiller's	Immediate	If called and selected to serve, regular pay up to a maximum of 14 working days.

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**BENEFITS FOR PART-TIME EMPLOYEES  
(WORK LESS THAN 30 HOURS PER PAY PERIOD)**

BENEFIT	WHO PAYS	WHEN ELIGIBLE	WHAT YOU RECIEVE
401 (K) Pension Plan	The Tiller's & You	21 years of age, 1 yr service, and work 1000 during anniversary year	100\$ vested at all times. Employer contribution. Optional employer/employee match,
Direct Deposit	You	Immediate	Same as full-time
Credit Union	You	Immediate	Same as full-time
Education Assistance	The Tiller's	90 days of employment	Same as full-time
Nursing Scholarships	The Tiller's	Dertified Nursing Assistants In last year of nursing program	Same as full-time
Paid Time Off	The Tiller's	Completion of 90 days of employment	3 paid days per anniversary year
Vacation	The Tiller's	12 months employment	Paid vacation available after one year or service, prorated based on hours worked
Holiday Pay	The Tiller's	Immediate	3 paid holidays "See employee handbook"
Referral Bonus	The Tiller's	Immediate	Same as full-time

**THE TILLER'S BENEFITS**  
Available to Employees Working 60 Hours Per Pay Day Period

BENEFIT	WHO PAYS	WHEN ELIGIBLE	WHAT YOU RECIEVE
Health Insurance	The Tiller's & You	91st day of full-time employment	Blue Cross Blue Shield Blue Advantage HMO
Prescription Program	The Tiller's & You	91st day of full-time employment	Included in BCBS HMO coverage \$15/\$30 copay
Vision	The Tiller's & You	91st day of full-time employment	Included in BCBS HMO coverage
Dental	The Tiller's & You	91st day of full-time employment	Delta Dental plan options Dental PPO Dental HMO
Life Insurance/AD&D	The Tiller's	91st day of full-time employment	\$10,000 term insurance for hourly employees. \$20,000 term insurance for salaried employees.
Long Term Disability	The Tiller's	91st day of full-time employment	50% salary continuation if employee is unable to work due to injury of illness, payable after 120 calendar days of continued disability.
Optional Life Insurance	You	1st of month following 90 days of full-time employment	Options up to \$500,000 additional life insurance for self/spouse and up to \$10,000 for children at nominal cost to employee. Portable insurance at same low rate.
401 (K) Pension Plan	The Tiller's & You	21 years old, 1 year service, and work 1000 hours during anniversary year	100% vested at all times Employer contribution and optional employer/employee match.
Direct Deposit Service		Immediate	Employee option. Payroll check deposited into financial institution of choice.
Credit Union	You	Immediate	Payroll deduction. Services include banking, master card, ATM card, loans, etc.
Education Assistance	The Tiller's & You	90 days of employment	Financial assistance with approved programs. ***Degree level courses not covered.

# PREVIOUS EXPERIENCE

LIST NAME, ADDRESS, AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

State if you do not want us to contact any of the above listed employers and the reason you don't want them contacted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we run a detailed employment check, including but not limited to a check, with your previous employers? YES  NO

Please sign here to authorize reference check \_\_\_\_\_

# PERSONAL REFERENCES

LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

**Applicant Statement - Carefully read this prior to providing signature below.**

The Tillers Nursing Home Inc., as an equal opportunity employer, selects the best matched individual for their job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state, federal or local Equal Opportunity Laws.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information for all references (personal and professional) employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding this employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection for this application or dismissal from employment if subsequently discovered.

I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with The Tillers.

I understand that, as part of the application process, the Company will verify with the state(s) nurse's aide registry my competence and certification as a nurse's aide and may obtain any and all information contained in the registry for use in the evaluating my application for employment.

Although management makes every effort to accommodate individual preferences, business needs may at times the following conditions mandatory: overtime, shift work and rotating work schedule, or work other than Monday through Friday. I understand and accept these conditions of my employment. If requested by management at any time, I agree to submit search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account for such examination.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than the Administrator has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete an Employment Verification Form (I-9) in this regard.

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement, and that all the information I have provided in order to apply for and secure work with the employer is true, complete, and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED AFTER EMPLOYED

HIRED? YES  NO

SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONAL NOTES:

INTERVIEWERS SIGNATURE				
STARTING DATE				
DEPARTMENT				
POSITION				
STARTING WAGE				
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS	TELEPHONE

# PERSONAL

LAST NAME	FIRST	MIDDLE	TODAY'S DATE	
SOCIAL SECURITY NUMBER			TELEPHONE NO.	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
YEARS AT THIS ADDRESS?				

POSITION APPLIED FOR 1. _____ 2. _____	EXPECTED RATE OF PAY _____ PER HOUR
HOW WERE YOU REFERRED TO THIS FACILITY?	APPLYING FOR: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?	SHIFT PREFERENCE:
ARE YOU CURRENTLY ON LAYOFF SUBJECT TO RECALL? ____ YES ____ NO	7-3 <input type="checkbox"/> 3-11 <input type="checkbox"/> 11-7 <input type="checkbox"/>
ARE YOU PRESENTLY EMPLOYED? ____ YES ____ NO IF SO, WHERE?	<input type="checkbox"/> OTHER _____
IF YOU ARE HIRED, CAN YOU SUPPLY PROOF OF YOUR AGE? ____ YES ____ NO	DATE AVAILABLE FOR WORK:
ARE YOU PLANNING A VACATION? ____ YES ____ NO	REASON FOR DESIRING CHANGE:
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	
A felony conviction does not automatically disqualify you from employment.	

# EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST						TYPING: APPROX. WPM SHORTHAND: APPROX. WPM		
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY ELIGIBLE FOR:			
<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED	
<input type="checkbox"/> REGRISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION	
IF LICENSED, REGISTERED, OR CERTIFIED	TYPE	STATE ISSUED	DATE NO.
	TYPE	STATE ISSUED	DATE NO.
	TYPE	STATE ISSUED	DATE NO.