



RURAL HEALTH, Inc.
We specialize in you

RHI APPLICATION FOR EMPLOYMENT

513 N Main Street, Anna, IL 62906

Rural Health, Inc. is deemed a Federal Public Health Service employee, as well as a Federal Tort Claims Act (FTCA) deemed facility. Rural Health, Inc. is a private, non-profit Federal Qualified Health Center (FQHC). Rural Health, Inc. is an organization committed to providing quality medical, dental and behavioral health services to residents of the area.

Rural Health, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

E-Mail Address (optional) _____

Position Sought _____ Full Time _____ Part Time _____

Date Available _____ Salary Desired _____ Phone Number _____

Are you legally eligible for employment in the United States? ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility).

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4 5 6

School(s) _____ City/State _____

Major _____ Degree(s) Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Illinois License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

EMPLOYMENT: List last employer first and other employment history for the last 10 years (if applicable), including U.S. Military Service. We may contact the employers listed below unless you indicate those you do not want us to contact

Employer _____ Address _____

If any employment was under a different name, indicate name _____

Telephone _____ Position Held _____

Dates of Employment: From _____ To _____ Able to Contact ____ Yes ____ No
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____ Telephone # _____

If any employment was under a different name, indicate name _____

Telephone _____ Position Held _____

Dates of Employment: From _____ To _____ Able to Contact ____ Yes ____ No
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

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Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been employed in any facility of Rural Health, Inc.? ____ Yes ____ No

If so, please list facility name and location and dates of employment: _____

PERSONAL AND PROFESSIONAL REFERENCES. (DO NOT INCLUDE RELATIVES)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

This application for employment will be retained for one year.

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING THIS APPLICATION

I hereby certify that the facts set forth in my employment application are true and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions made by me in this Application, the background check Authorization and Disclosure Form and during any interview are cause for being eliminated from consideration for employment.

I authorize Rural Health, Inc. to verify all pertinent information including but not limited to work experience, educational background and personal and professional references and will not hold Rural Health, Inc. or the provider of such references liable for the release of such information. I will provide Rural Health, Inc. with proof of my United States citizenship or documentation proving my legal right to be employed in the United States in accordance with the Immigration Reform and Control Act prior to employment with Rural Health, Inc., if offered employment.

I fully understand and accept all terms and conditions in the above Applicant Certification.

Applicant's Signature

Date

RHI's Mission Statement

To provide quality services to all patients in need of healthcare while being committed to the overall health and well-being of the underserved.

RHI's Vision Statement

Rural Health, Inc. will be viewed as the premier healthcare leader in southern Illinois through the quality of its care, the comprehensiveness of its services, and through its caring environment.

RHI's Value Statement

Services free of discrimination
The privacy/security of its patients
Caring for the unserved and underserved populations
Loyal, caring staff
Governance support
Growth of its service delivery system
Improvement of healthcare
Patient responsibilities
Affordable healthcare