



SIH PHLEBOTOMY PROGRAM APPLICATION

SIH PHLEBOTOMY PROGRAM WELCOME

Dear applicant,

Thank you for your interest in the SIH Phlebotomy Program.

Application Packet Contents

<input type="checkbox"/>	Application
<input type="checkbox"/>	Required Information
<input type="checkbox"/>	SIH Phlebotomy Program Tuition List
<input type="checkbox"/>	Background Check consent form
<input type="checkbox"/>	Non-Patient Photo Release Form

All items need to be completed and returned to:

Marion Outreach Laboratory

3117 Williamson County Parkway
Marion, IL 62959

SIH PHLEBOTOMY PROGRAM APPLICATION

Application Information

The information listed below will be used only by the SIH Phlebotomy Program and is strictly confidential. Attach additional sheets if necessary. Please type or print clearly.

Name _____

Address _____

City/State/Zip _____ Social Security # _____

Telephone _____ Secondary Phone _____

Email Address _____

Education

High School _____ Address _____

From _____ To _____ Did you graduate Yes ☐ No ☐ Degree _____

College _____ Address _____

From _____ To _____ Did you graduate Yes ☐ No ☐ Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate Yes ☐ No ☐ Degree _____

SIH PHLEBOTOMY PROGRAM APPLICATION

Employment History

Employer 1	Address
Telephone	Position/Title
Dates of Employment	Employment Status
Employer 2	Address
Telephone	Position/Title
Dates of Employment	Employment Status
Employer 3	Address
Telephone	Position/Title
Dates of Employment	Employment Status
Employer 4	Address
Telephone	Position/Title
Dates of Employment	Employment Status

List your short term career goals

How did you learn about the SIH Phlebotomy Program

What benefits will you bring and/or take away from the program

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Background

Have you ever been convicted of a misdemeanor or felony (other than a parking violation) ☐ Yes ☐ No

If yes, explain _____

Note: Southern Illinois Healthcare requires a criminal background check prior to employment. A conviction will not automatically disqualify you from consideration for employment with Southern Illinois Healthcare.

Emergency Contact

Name _____

Address _____

City/State/Zip _____

Telephone _____ Relationship _____

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date of Application

SIH PHLEBOTOMY PROGRAM

REQUIRED INFORMATION

Please attach copies to send with your packet

☐

Illinois Driver's License

☐

High School Diploma or GED Equivalent

☐

Immunization Record

Must include — MMR, Varicella, Hepatitis B series**

To be completed upon acceptance to the program

☐

Urine Drug Screen — **10 Panel****

☐

TB Test**

☐

Flu Shot and Covid-19 Vaccination**

☐

Immunization testing that needs updating

☐

Background Check — **Completed by SIH HR Department**

☐

Health Insurance Card

** Any immunization updates, TB test, Flu Shot, and Drug Screen can be performed at either SIH WORKcare location (Herrin or Murphysboro) or at a facility of the applicant's choice

** Background checks will be performed by SIH Human Resources Department

SIH PHLEBOTOMY PROGRAM TUITION LIST

Description of Expense	Cost
Phlebotomy Course <i>6 weeks of lecture and 3 weeks of clinical work</i> Textbook and Supplies included	\$650.00
Application and Certification Fee for American Society for Clinical Pathology (ASCP) <i>Optional</i> If hired by SIH, reimbursement for testing expenses are possible.	\$135.00



Southern Illinois Healthcare
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS
(BHR BASIC)

Disclosure

Southern Illinois Healthcare has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you (“End-User”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening (“Agency”), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).



Southern Illinois Healthcare
(BHR BASIC)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth:	Social Security Number:	Professional License(s) Held and State of Issuance:		Professional License #:	
Phone Number:		Email Address:			
Driver's License Number:		State of Issuance:	Names as it Appears on Driver's License:		
Eye Color:	Hair Color:	Race:	Weight:	Height: _____ ft. _____ in.	
FORMER RESIDENTIAL LIVING HISTORY (most recent)					
Street Address		City	State	Zip	Date last resided:
Street Address		City	State	Zip	Date last resided:
OFFICE INFORMATION					
Location of Work Office (state):			Position:		
EDUCATION HISTORY (most recent or highest level)					
Name of College, University, or School		Degree was Earned: YES NO		Major:	
City/State	Telephone Number:		Degree Type:	Date of Graduation	
APPLICANT SIGNATURE AND DATE					
Signature (if under the age of 18, parent/guardian signature is required):				Date:	



Non-Patient Authorization for Photography, Video & Comments

Subject Name _____

Date of Birth _____ Phone _____

Address _____

City/State/Zip _____

I authorize SIH personnel to make, maintain and publish photographs, videos, digital recordings or written/audio recordings of myself and use such recordings in print publications, television, motion pictures, internet or other media, which will be circulated to the general public for marketing, business, educational or other purpose, or to provide access to members of the public media to do the same.

I release any and all rights or claims for payment or royalties.

I agree to release and hold harmless SIH, its trustees, agents, officers and employees from any liability related to the making of the above mentioned recordings.

Subject/Guardian or Subject's Personal Representative

Date

Personal Representative's Relationship to Subject (if applicable)

Witness

For office use only