

Please email results to Tina Rutschman; email: trutschman@luc.edu;

Please charge Accounting Unit: _____

POST-EMPLOYMENT OFFER EMPLOYMENT INFORMATION FORM

LOYOLA UNIVERSITY MEDICAL CENTER

This information is required for Affirmative Action, Occupational Health, Insurance, and other purposes. (This information is not to be requested before offer of Employment.)

_____/_____/_____
Social Security # _____ Date to OHS _____

Name _____
Last First Middle Birth Name

Address _____
Number Street Unit#

City State Zip Code #

Telephone() _____ Cell Phone() _____ Credentials -----

Date of Hire: Mo ____ Day ____ Year ____ Date of Birth: Mo ____ Day ____ Year ____

Job Title _____ Department _____ Dept Mgr _____

Animals?

Sex:
Female _____
Male _____

Ethnicity/Race
Are you Hispanic or Latino? 03 [] Yes [] No

Yes

No

OR Please select one or more of the following racial categories:

- 01 [] White
- 02 [] Black or African American
- 07 [] Native Hawaiian or Other Pacific Islander
- 08 [] Asian
- 09 [] American Indian or Alaska Native

Type:

Patients?

Yes

No

Veteran Status

- [] Not a Veteran
- [] **Disabled Veteran** –(2)—(a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation (under law administered by the Secretary of Veteran’s Affairs, or (ii) a person who was discharged or released from active duty because of a service connected disability)
- [] **Other Protected Veteran** – (X) – a veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
- [] **Armed Forces Service Medal Veteran** – (W) (a veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
- [] **Recently Separated Veteran** – (Z) (a veteran within 36 months from discharge or release from active duty)

Do you require any accommodations to perform your job?
Yes ____ No ____ Please specify _____

Emergency Contact Information: Name _____
Address _____
Phone # () _____ Cell# () _____

HR Manager: Murneka Davis (LUC) x6-8370 (phone)

EMPLOYEE AND STUDENT HEALTH SERVICES PURPOSES ONLY

Appt: (708) 216-3400 FAX: (708) 216-7853

<u>Physical Assessment</u>	<u>Drug Screen</u>	<u>Mandatory Flu Vaccine</u>	<u>TB Test</u>
Approved _____	Approved _____	Compliant (LUMC) Date _____	TST 1 st Step Approved _____
Not Approved _____	Not Approved _____	Compliant Elsewhere _____	TST 2 nd Step Approved _____ or needed
		Approved Exemption _____	X-Ray only _____

Comments: _____

After completion please fax to LUC Human Resources (x5-7612) and LUMC Human Resources (x6-4918)

EMPLOYEE AND STUDENT HEALTH SERVICES SIGNATURE