

Application for Medical Student Clerkship Application

First Name	Last Name	MI
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Reviewed by HR (date)_____

Forwarded (date)_____

STREAMWOOD BEHAVIORAL HEALTH SYSTEMS
Application for Medical Student Clerkship Application

Personal Data			
First Name	Last Name	M.I.	Date of Application
Street Address:			Home #:
City, State, Zip Code			Cell #:
Email Address:			Other #:
Have you ever used a different name for school or employment? Yes No If so, what name? _____			Social Security No.
Medical School:			Clerkship Requested Date:
Have you or a relative ever been employed by Streamwood Behavioral Health Center or any of its affiliates? Yes No			
Do you currently have any relatives, Fiancés, Fiancées, ex spouse or similar currently employed with us? Yes No			
If yes, location _____ From _____ to _____			
Eligibility:			
You are a current student in good standing.			
We need at least four weeks to process this application.			
Have you ever been convicted of or plead nolo contendere/no contest to any criminal offense other than a minor traffic violation (i.e. speeding, parking, seatbelt violation.)			
Yes No If yes, please explain:			
* A conviction is not an automatic bar to employment and/or Medical Student Clerkship. The nature of the conviction and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.			

Education						
	Name of School	Location	Course of Study (Major)	Did you graduate?	Years Attended	Degree or Diploma
High School				Yes No		
College				Yes No		
Graduate				Yes No		
Business/ Trade/ Technical				Yes No		

*All statements made by applicants for Medical Student Clerkship may be checked for accuracy.

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Skills/Training

Special skills you possess or specific training received that are applicable to the clerkship being applied for:

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No

If yes, explain:

Have you ever had a professional license or registration revoked in any state? Yes No

If yes, explain:

Certification

By signing this application, and as an applicant for Medical Student Clerkship, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If accepted, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my Medical Student Clerkship.
 - Nothing contained in this application or in the granting of an interview is intended to create an employment contract between Streamwood Behavioral Health Systems and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Streamwood Behavioral Health Center unless made in writing.
 - **If I am offered employment by Streamwood Behavioral Health Systems, my employment will be for no definite term and that either I or Streamwood Behavioral Health Systems will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Streamwood Behavioral Health Systems.**
- Streamwood Behavioral Health Systems will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to Streamwood Behavioral Health Systems that may be required to make a Medical Student Clerkship decision.
 - If I am offered a Medical Student Clerkship, an investigative consumer report will be completed for background check purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
 - If I am offered Medical Student Clerkship, my Medical Student Clerkship is conditioned on the satisfactory completion of a pre-employment drug screening for substance abuse.
 - Any employee handbook or other personnel policies maintained by Streamwood Behavioral Health Center do not constitute an employment contract, but are merely gratuitous statements of Streamwood Behavioral Health Systems' current policies.

Applicant Signature

Date

