

APPLICATION FOR EMPLOYMENT ISABELLA COUNTY MEDICAL CARE FACILITY

Have you ever filed an application with us before?
 _____ yes _____ no
 If yes, when

POSITION APPLIED FOR:

Name (Last, first, middle)

(Maiden Name or other previous names used)

Address (Street, city, state, zip code)

How many years?

Telephone

County of Residence

Email address

Previous address if less than 15 years (Street, city, state, zip code)

How many years?

Specify any days or times you are not available for work:

In what state were you born?

What shift(s) are you willing to work? (**Check** all that apply)

1st Days 2nd Afternoons 3rd Midnights

Salary Expectation:

Date available for work:

Employment status:

\$ _____ Per

Full time

Part time

Have you ever been employed by

Date started

Date Left

Isabella County Medical Care Facility?

In what Department?

In what position?

Reason for leaving

Are you authorized to work in the United States?

_____ Yes _____ No

If employed, can you submit verification of your legal right to remain in the U.S.?

_____ Yes _____ No

What prompted your Application?

Do you have a telephone at your place of residence? _____ Yes _____ No

Do you have a reliable form of transportation available for you to go to and from work? _____ Yes _____ No

MILITARY SERVICE

Service

Branch

Dates of Service

From

To

Were you honorably discharged?

Reserve status

Describe any specialized training and duties:

“AN EQUAL OPPORTUNITY EMPLOYER”

EMPLOYMENT HISTORY – List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. **“SEE RESUME” is not acceptable.**

Employer's Name	Dates (month and year): From To
Address (Street, city, state, zip code)	Telephone
Supervisor (Name & title)	Your title: Salary:
Duties & responsibilities	
Reason for leaving	
Employer's Name	Dates (month and year): From To
Address (Street, city, state, zip code)	Telephone
Supervisor (Name & title)	Your title: Salary:
Duties & responsibilities	
Reason for leaving	
Employer's Name	Dates (month and year): From To
Address (Street, city, state, zip code)	Telephone
Supervisor (Name & title)	Your title: Salary:
Duties & responsibilities	
Reason for leaving	
Employer's Name	Dates (month and year): From To
Address (Street, city, state, zip code)	Telephone
Supervisor (Name & title)	Your title: Salary:
Duties & responsibilities	
Reason for leaving	

Are you currently on "layoff" status and subject to recall? _____ Yes _____ No

Have you ever been discharged by an employer or resigned in lieu of discharge? _____ Yes _____ No

Have you ever been disciplined (other than discharged) by an employer? _____ Yes _____ No

If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

How much time have you missed from work in the past twelve months? _____

Do you have a valid driver's license? _____ Yes _____ No

EDUCATION

SCHOOL	LOCATION	DEGREE/or Last completed year
High School		
Business School		
College/University		
Trade/Vocational School		
Extracurricular activities & honors received in school		

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or put on probation? _____ Yes _____ No

Have you ever been denied a license or certification? _____ Yes _____ No

If you answered yes to either above questions, explain in detail on an attached signed statement.

MISCELLANEOUS

Do you have any felony charges pending against you? ____ Yes ____ No

Have you ever been convicted or pled guilty or nolo contendere to a crime? ____ Yes ____ No

If you answered yes to either of the two preceding questions, explain by giving the date, nature of the offense and circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.

Are you 18 years of age or older? ____ Yes ____ No

Are you able to perform the duties of the job for which you have applied? ____ Yes ____ No

References: Give the name, address and telephone numbers of three references who are not related to you:

- 1. _____
- 2. _____
- 3. _____

CERTIFICATION

I understand that I am required under Section 210.18 of the Michigan Handicapper Civil Rights Act to notify an employer that I need an accommodation within 182 days after the date that I know or reasonably should have known that an accommodation is needed. I understand that any false or misleading statements on this application or failure to disclose material or information will cause immediate rejection of this application or immediate dismissal if hired. I authorize the references and employers listed on this application to give Isabella County Medical Care Facility any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information to Isabella County Medical Care Facility. If I am offered employment with Isabella county Medical Care Facility, I understand that such offer is based on successful completion of a pre-employment medical evaluation and drug/alcohol screen, and a background check and fingerprinting. This conditional offer of employment may be withdrawn if I fail to demonstrate the ability to perform the essential functions of the job, have a positive drug/alcohol screen or if I refuse to complete the pre-placement medical evaluation or drug/alcohol screen. I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized executive of the Isabella County Medical Care Facility and by me or my authorized representative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of the Isabella County Medical Care Facility regardless of any contrary provisions in any other forms, manuals, handbooks or other documents. Similarly, such employment shall be at the wages, benefits, hours and conditions as the Isabella County Medical Care Facility may determine and change from time to time and I agree to abide by any rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized executive of the Isabella County Medical Care Facility has any authority to enter into an agreement with me contrary to the provisions of this paragraph and that any such agreement must be in writing and signed by such authorized executive or it shall not be effective.

I authorize the applicable agency to release records of all criminal convictions and/or history of felony arrests to the Facility.

To our Applicants:

Thank you for considering Isabella County Medical Care Facility as a prospective employer. Your application will be kept in our active files for six months. If you have not been contacted for an interview within six months, you are welcome to reapply.

Signature of Applicant

Date