

Employment Application

Attach signed additional pages if necessary to answer all questions

Applicant Information

Full Name: _____ Date: _____
Last, First M.I.
Address: _____ How many years?
Street Address
City, State Zip code
County
Previous address if less than 15 years (street, city, state, zip code) How many years?
Phone: _____ E-mail Address: _____
Social Security No.: _____ Desired Salary: _____
Position Applied for: _____ In what state were you born? _____
What shift(s) are you willing to work? (check all that apply): Days [] Afternoons [] Midnights []
Any days or times you are not available for work? _____
Date available for work: _____ Full Time [] Part Time [] First Available []
Are you a citizen of the United States? Yes [] No [] If no, are you authorized to work in the U.S.? Yes [] No []
If employed, can you submit verification of your legal right to remain in the U.S.? Yes [] No []
Have you ever worked for this company? Yes [] No [] If yes, when? _____ Have you ever applied here before? Yes [] No []

Department Position Reason for leaving
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 []

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 proceeding questions, explain by giving the date, nature of the offense and circumstances. 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 []
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.
How much time have you missed from work in the past twelve months?
Do you have a valid driver's license? Yes [] No []

Education

High School:		Address:					
From:	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:		Address:					
From:	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:		Address:					
From:	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

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.

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 of the above questions, explain in detail (use additional pages if necessary):

Employment History

List your last four employers or all employers for the last ten years, whichever is greater. Use Addendum following application if necessary. Also list and explain any period(s) of unemployment. Please answer all inquires. **"SEE RESUME" is not acceptable.**

Company:	Address:		Phone:		
Address:		Supervisor:			
Job Title:	Starting Salary:	\$	Ending Salary:	\$	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:	Address:		Phone:		
Address:		Supervisor:			

Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Military Service

Service:		Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:					
If other than honorable, explain:							

References

Please list three references that are not related to you.

Full Name:		Phone:	
Address:			
Full Name:		Phone:	
Address:			
Full Name:		Phone:	
Address:			

Use this space to add additional information or explanation of answers above

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 reasonable 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 both a pre-employment medical evaluation and a drug/alcohol screen. 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 **Isabella County Medical Care Facility**.

To our applicants:

Thank you for considering Isabella County Medical Care Facility as a prospective employer. Normally 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.

Electronic authorization: If submitting this application via electronic means your submission of said application with your typed name is equivalent to your signature. Upon being chosen for an interview, you agree to physically sign a printed copy of this submission.

Signature:

Date: