



# APPLICATION FOR EMPLOYMENT

2848 Niles Road, Suite B  
St. Joseph, MI 49085

PLEASE TYPE OR PRINT

Application Date \_\_\_\_\_

PERSONAL	Last Name		First		Middle		Social Security Number		
	Other name(s) necessary to verify work, education or military records:					Email Address			
	Street Address			City		State		Zip	How long?
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, type of document _____ Document # _____						
	Cell Phone (    )			Home Phone (    )					
	Person to notify in case of an emergency		Street Address		City		State	Zip	Phone (    )

POSITION	Position desired		If applicable, department/unit desired		Date available to work		Desired salary range	
	Check type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary							
	Check days available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday							
	Hours available: _____				Willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION	Name and Location of School		Course of Study	Years Attended	Did You Graduate?	Degree or Diploma	Grade Point Average
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Business/ Trade/ Technical						
	College or University						
	College or University						
	Other Training						
Note: Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (Exclude those indicating race, color, religion, national origin.) _____ _____ _____							

PROFESSIONAL	In what professions are you licensed, certified, or registered to practice? _____	
	Have any of these licenses, certifications, or registrations been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain: _____	
	By examination in: State _____ Number _____ Expiration Date _____	
	Are you eligible for licensure, certification, or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date _____ In what field(s) _____	
List any membership(s) in professional or technical associations (exclude those which may disclose race, religion, national origin, disability, or other protected statuses): _____		
_____		
_____		

<b>EMPLOYMENT HISTORY</b>	<b>Please give an accurate, complete employment record. Start with your present or most recent employer. Include volunteer activities, excluding those which may indicate race, color, religion, disability or other protected statuses.</b>			
	Present/Last Employer	Type of Business	Address	Phone ( )
	Start Date	Leave Date	Salary \$ per	Reason for Leaving
	Job Title	Supervisor and Title		May we contact for referral?
	Description of job and duties: _____ _____ _____			
	Present/Last Employer	Type of Business	Address	Phone Number
	Start Date	Leave Date	Salary \$ per	Reason for Leaving
	Job Title	Supervisor and Title		May We Contact?
	Description of job and duties: _____ _____ _____			
	Present/Last Employer	Type of Business	Address	Phone Number
	Start Date	Leave Date	Salary \$ per	Reason for Leaving
	Job Title	Supervisor and Title		May We Contact?
Description of job and duties: _____ _____ _____				

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No      Number of years of service: _____
	Military: Branch of Service _____ Rank at Discharge _____ Type of Discharge _____
	List duties in the Service, including schools and training: _____ _____ _____

<b>SKILLS &amp; QUALIFICATIONS</b>	What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position you are applying for? _____ _____ _____
	Skills checklist: <input type="checkbox"/> PC <input type="checkbox"/> Word Processing <input type="checkbox"/> Excel/Spreadsheet <input type="checkbox"/> Multi-line Phones <input type="checkbox"/> Dictaphone <input type="checkbox"/> Calculator <input type="checkbox"/> Fax <input type="checkbox"/> Copy Machine <input type="checkbox"/> Other: _____
	Indicate language(s) you can speak, read, and/or write fluently, including sign language: Speak _____ Read _____ Write _____ _____

<b>GENERAL</b>	Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what job?	Have you ever worked for this facility or one of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate where and when:
	Do you have any relatives currently working at the Center: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name, dates of employment, position held, and department assignment:	
	How did you hear of the position(s) you applied for? If applicable, indicate name of source:	
	<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Professional Journal _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Walk-in _____ <input type="checkbox"/> Other _____	

<b>REFERENCES</b>	List the names of three persons not related to you or former employers, whom you have known at least one year.					
	Name	Occupation/Title	Relationship	# of Years Known	Email	Phone
						( )
						( )
						( )

State any other information you believe would be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

Employer is committed to equal opportunity in employment and does not discriminate based on race, color, sex, national origin, religion, disability, age or any other legally protected characteristic under applicable state, federal or local law. Accordingly, nothing in this application or the hiring process will be used to discriminate against any applicant on those grounds.

I certify that the facts set forth in this Application for Employment, in my resume and in the other materials I have submitted are true and complete.

I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions and other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience, I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, I agree and understand that my employment, compensation and benefits can be terminated with or without cause, and with or without notice, at any time, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representative of the Employer has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be made in writing. I agree not to commence any action or suit relating to my employment with the Employer more than 30 days after the date of termination of such employment, and to waive any statute or limitations to the contrary.

I also understand and agree, that any and all fringe benefits that I may receive as a result of my employment with the Employer may be modified by the Employer, and do not vest by reason of my employment, continued employment or otherwise. If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I understand by signing this application for employment that I acknowledge that I have read the position description, met the requirements of the position and can perform the essential functions of the job I am applying for, with or without accommodation. If I am employed, I will abide by all policies, rules and regulations of the Employer.

I hereby consent to having a physical and/or mental examination(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or tests.

I hereby acknowledge that I am not subject to any non-compete clauses with any other employer, and if I am subject to any non-compete clauses, I will disclose the terms and geographic scope of such clauses.

**By signing below, I acknowledge that I have read and understand each of the foregoing statements as to what my signature means.**

Signature \_\_\_\_\_ Date \_\_\_\_\_