



"An Equal Opportunity Employer"

PLEASE PRINT CLEARLY

**To Applicant:** We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history helps us to place you in a position that best matches our open positions.

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
No. Street  
 \_\_\_\_\_ Alternate Telephone No. ( ) \_\_\_\_\_  
City State Zip

E-mail address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Shift preferences: \_\_\_\_\_

Desired Status  Full-Time  Part-Time If Part-Time, specify preferred days & hours: \_\_\_\_\_

Were you previously employed by us?  No  Yes If Yes, when? \_\_\_\_\_

How did you hear about this opportunity?  
 Hospital Website  Walk -in  
 Internet Ad \_\_\_\_\_  Friend \_\_\_\_\_  
 Newspaper Ad \_\_\_\_\_  College Job Fair \_\_\_\_\_  
 Hospital Job Hotline  Other: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If No, can you furnish a work permit?  Yes  No

What date will you be available for work? \_\_\_\_\_

Have you ever been convicted of a crime (excluding minor traffic violations)?  No  Yes If yes, describe in full \_\_\_\_\_

Are any felony charges pending against you?  No  Yes If yes, describe in full \_\_\_\_\_

**Work Eligibility** Are you eligible to work in the U.S. for any employer?  Yes  No  
 If you are a non US citizen, can you provide proof of eligibility?  Yes  No

**RECORD OF EDUCATION** List up to two schools - university, trade school, or high school (if high school listed, do not include dates)

Name of School	Dates of Attendance	From	To
City	State	Major	
Your full name at the time you attended this school		Degree Received	

Name of School	Dates of Attendance	From	To
City	State	Major	
Your full name at the time you attended this school		Degree Received	

**NURSES AND CLINICAL STAFF**

Type of License/Registration	License/ Registration No.	State
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**Previous Employment Verification Information** (List below your last four employers, starting with current or most recent one first)

Dates of Employment		Name & Address of Employer/Former Employer	Position	Salary	Responsibilities	Reason for Leaving
From	To	Employer City _____ State _____ Telephone _____				
From	To	Employer City _____ State _____ Telephone _____				
From	To	Employer City _____ State _____ Telephone _____				
From	To	Employer City _____ State _____ Telephone _____				

**Professional or Personal References**

Name	Address	Telephone Number
Company	e-mail Address Relationship	If Professional – Title or Position
Name	Address	Telephone Number
Company	e-mail Address Relationship	If Professional – Title or Position

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces?       No     Yes      If Yes, what Branch? \_\_\_\_\_ Date of Service: \_\_\_\_\_  
 If Yes, Indicate experience and skills gained that may be helpful in this position: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY, NON-DISCRIMINATION AND REASONABLE ACCOMMODATION**

Except with respect to any bona fide occupational qualifications, the Hospital does not discriminate in employment on the basis of race, color, national origin, sex, religion, age, height, weight, marital status or disability/handicap (if otherwise qualified).

Information concerning the employment provisions of the Americans with Disabilities Act (ADA) and related regulations, including information concerning the rights of applicants and employees pursuant to said Act and regulations, is available from the Hospital's Human Resources Office.

Michigan's Persons with Disabilities Civil Rights Act (as amended) provides that: "A person with a disability may allege a violation against a person (employer) regarding a failure to accommodate...**only** if the person with a disability notifies the person (employer) in writing of the need for accommodation within 182 days after the person with a disability knew or reasonably should have known that an accommodation was needed."

**PRE-EMPLOYMENT (POST-OFFER) PHYSICAL EXAMINATION**

I understand that pre-employment (post-offer) physical examinations and related tests (including drug screening) are required as a condition of employment. I consent to such physical examinations and related tests (including drug screening) by physicians or labs selected by the Hospital, with the understanding that the cost of such examinations and tests will be borne by the Hospital; and I authorize all information regarding such physical examinations/tests to be released to the Hospital. I further understand that any offer of employment made to me is "conditional" – i.e. subject to the outcome of the physical examination.

**CERTIFICATION OF INFORMATION AND AUTHORIZATION FOR RELEASE**

I certify that I have read and understand the provisions of this application, and of any documents which accompany the application; and I consent to its/their terms.

I further certify that the information furnished in or accompanying this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to this application or other aspects of the pre-hiring process, will be reason for: (1) my not being offered employment or (2) my dismissal at any time if employed.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_



PLEASE TYPE OR PRINT

I, \_\_\_\_\_ LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

NORTH OTTAWA COMMUNITY HOSPITAL

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention ("Employment"), North Ottawa Community Hospital will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to North Ottawa Community Hospital. North Ottawa Community Hospital uses AbsoluteHire, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to North Ottawa Community Hospital, and AbsoluteHire.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by North Ottawa Community Hospital if Employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to North Ottawa Community Hospital. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: AbsoluteHire, 3000 Lava Ridge Ct, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

EXTENDED CARE SERVICES

Consent to the Obtainment of State Police Records and FBI Fingerprinting and Background Checks

I consent that North Ottawa Community Health System may conduct a criminal history check on me that includes the review and obtainment of State Police records, fingerprints and an FBI background check. It may also include Verification of Education, Employment, Professional License and Professional References. This consent has been granted pursuant to my receipt of a good faith offer of employment or contract. I also agree to provide personal identification acceptable to the Michigan State Police. I understand that criminal background checks may be done in States other than Michigan or via use of a Federal database.

Release of Information

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Rights to Appeal

I am aware that if the criminal history record disqualifies me from employment, the state analyst will prepare and mail to me an "Employment Exclusion" notice and information on how to appeal criminal history record information that is (1) inaccurate, or (2) the conviction in the criminal history is one that was expunged or set aside.



**(CONTINUED)**

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

Signed \_\_\_\_\_

Today's Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Position Applied For \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Driver's License Number      State

May we contact your current employer?  Yes  No

Place of Birth (City and State) \_\_\_\_\_

Other names you have used or are also known as: \_\_\_\_\_

Ht:      Wt:      Eye Color:      Hair Color:      Gender:      Race

Occupation (Position Applied For) \_\_\_\_\_

Certification/Licensure # (if applicable) \_\_\_\_\_

Have you worked in long term care prior to April 1, 2006?  Yes  No

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr

Current Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?

Former Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?

Former Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?

Former Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?

Former Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?

Former Address: \_\_\_\_\_ /  
Street      Apt.#      City      State      Zip Code

From / To?