



"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
City State Zip Alternate Telephone No. () _____

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 _____				

REFERENCES

List four references of a professional and/or academic nature (not relatives or friends) we may contact who are able to evaluate and comment on your qualifications.

***Note: All four references are required.**

FRIENDS OR RELATIVES WILL NOT QUALIFY AND WILL SUBJECT YOUR APPLICATION TO DELAY IF LISTED

Professional Reference Name	City/State	Phone Number
Company	E-mail Address	
	Relationship to you (Supervisor, Co-Worker, Teacher, etc.)	Occupation
Professional Reference Name	City/State	Phone Number
	E-mail Address	
Company	Relationship to you (Supervisor, Co-Worker, Teacher, etc.)	Occupation
Professional Reference Name	City/State	Phone Number
	E-mail Address	
Company	Relationship to you (Supervisor, Co-Worker, Teacher, etc.)	Occupation
Professional Reference Name	City/State	Phone Number
	E-mail Address	
Company	Relationship to you (Supervisor, Co-Worker, Teacher, etc.)	Occupation

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: _____