

Houghton County Medical Care Facility APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

The Houghton County Medical Care Facility is an equal opportunity employer and does not discriminate in employment due to race, color, religion, sex, age, national origin, handicap, marital status, familial status, genetic information, veteran status, or any other legally protected activity or status.

Applications will be complete if all questions are answered. You may use additional paper if necessary. Writing "see resume" is not sufficient. The failure to respond to an inquiry or the inclusion of information not requested may disqualify your application from consideration.

Conditions of employment are stated at the end of the Employment Application. Please read them carefully before you sign this application.

PERSONAL

Date: _____

Name _____
Last First Middle Initial

Present Address _____
No. Street City State Zip

Please provide any aliases or alternate names needed to verify the information contained in this application, including verifying your education and work history. _____

How many years have you lived at this address? _____ Telephone No. () _____
Area

Previous Address _____ How long did you live there? _____
No. Street City State Zip

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work Full-time or Part-time. Shift(s) preference: _____

Are you 18 years old or over? Yes No

Have you worked for us before? _____ If yes, when? _____

List any relatives working for us _____

If hired, on what date will you be available to start work? _____

Professional Licenses and/or Certifications

Type	Organization or State Issue	Number	Date Expires

If hired, do you have reliable means of transportation to get to work? _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?
 Yes No If yes, describe and/or explain your work limitations. _____

Are you subject to a layoff or recall? Yes No

If you are under 18 years old, can you provide a work permit? Yes No

Are you legally eligible for employment in the United States? Yes No

Houghton County Medical Care Facility is required to conduct a criminal history background check on all applicants receiving a good faith offer of employment. Upon a good faith offer of employment, you will be requested to disclose any felony or misdemeanor that may statutorily disqualify you from employment with Houghton County Medical Care Facility, including, but not limited to, any conviction, guilty plea, or no contest plea of any felony or attempt or conspiracy to commit any felony, a crime involving patient abuse, health care fraud, and any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance, or any misdemeanor involving: abuse; neglect; torture; cruelty; assault without a firearm or dangerous weapon; use of a firearm or dangerous weapon with intent to injure; criminal sexual conduct; home invasion; embezzlement, larceny; fraud; second or third degree retail fraud; negligent homicide; the possession, use, or delivery of a controlled substance; or the creation, delivery, or possession with intent to manufacture or deliver a controlled substance.

Have you ever been convicted, including a plea of guilty or no contest of a felony or misdemeanor crime, excluding sealed or expunged convictions? Yes No

Do you have any felony charges or misdemeanor charges that would statutorily disqualify you from employment pending against you? Yes No

If you answered "yes" to any of the above questions in this section, indicate each offense for which you were convicted and the year of the conviction. If you were arrested but not convicted, indicate the charge, the year of the charge and how the charge was resolved or if it is still pending. Note: A criminal record does not necessarily disqualify an applicant for employment, but will be considered with all other information to determine whether you will be hired, including but not limited to the nature of the crime, the time elapsed since conviction, the duties you may be assigned, and any statutory exclusion. Dishonesty about a criminal record will disqualify you.

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	Name and Address	Years Attended	Graduated	COURSE OR MAJOR
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces Yes No

Dates of duty: From _____ To _____
Month Day Year Month Day Year

Rank at Discharge _____ Type of Discharge _____

Describe your military duties if you feel they will benefit you for the job applied for. _____

Reserve Status: _____

PERSONAL REFERENCES

Provide three work, school, or other references who are not related to you.

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

PRIOR WORK HISTORY

DATES		NAME AND ADDRESS\ PHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe the work you did

DATES		NAME AND ADDRESS\ PHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe the work you did

DATES		NAME AND ADDRESS\ PHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
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Describe the work you did

DATES		NAME AND ADDRESS\ PHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe the work you did

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not want us to contact.

Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete work/experience background. To assist us in finding the proper position for you in our facility, use the space below to summarize any additional information necessary to describe your full qualifications. Completion of this section is voluntary.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

**HOUGHTON COUNTY MEDICAL CARE FACILITY
1100 W. QUINCY STREET, HANCOCK, MICHIGAN 49930**

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand and agree that all statements and information made in connection with this application, and any accompanying resume or document, are true and complete, and that I have not knowingly withheld any information or circumstances which would affect my application unfavorably. I fully understand that the falsification, misrepresentation, or omission of any statement or information provided in this application or accompanying resume, document, or information will be sufficient cause for the cancelation of my consideration for employment or may be the cause for dismissal if I have been employed. **Initial:** _____

I authorize the verification and investigation of all statements contained in this application, including a criminal background check as defined by the Facility Policy in accordance with the Michigan Public Act 27 and 28 of 2006, or any information required to determine my qualifications for the position for which I am applying, including my education, work, and professional history. I request that my previous employers contacted by the Facility in connection with this application fully respond to all inquiries concerning my previous employment. I specifically waive prior written notice of disclosure of my personal record information including salary information, disciplinary reports, and job performance. I hereby release the Facility, it's agents, and my previous employers from any liability or damages on account of having furnished such information. **Initial:** _____

I understand and agree that any claim or lawsuit relating to my services with the Facility must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit, including any claims or lawsuits arising out of state and federal civil rights statutes. I understand that any lawsuit filed outside of this limitations period is barred forever. I waive any limitations period to the contrary. **Initial:** _____

I understand and agree that under Michigan law, disabled applicants and employees may request an accommodation for their disability by notifying the Facility, in writing, of the need for an accommodation within one hundred and eighty two (182) days of the date the individual knew or reasonably should have known that an accommodation was needed. Failure to do so will preclude a claim that the Facility failed to accommodate this disability. **Initial:** _____

If hired, I understand and agree that I am an **at-will** employee, and that my employment may be terminated by the Facility or me, at any time, with or without notice, and without or without cause, except as required by law or written contract. I understand this application does not constitute an agreement or contract for employment for any specified period of time. **Initial:** _____

I understand and agree that any employment offer will be contingent upon the successful completion of a pre-employment physical, criminal background checks, drug screen, reference checks, education/licensure/certification verification (if applicable), credit checks (if applicable) and driving record check (if applicable). I grant the Facility my permission to conduct any such pre-employment test or verification, including a pre-employment drug screen. **Initial:** _____

I have read, understand, and agree to the above statements and conditions of employment. I have read, understand, and agree to allow the Facility to confirm the information contained in this application and accompanying documents.

Date _____ Signature of Applicant _____

*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.