

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Phone # _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Phone # _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Phone# _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

References

List three name and telephone numbers of three references who are not related to you and are not previous supervisors.

Name	Relationship	Title	Telephone number	No. of years known
1.				
2.				
3.				

POSITION INFORMATION:

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? **Yes** **No**

Are you willing to travel for the job? **Yes** **No**

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Therefore, you must complete the entire application. Your application must also specify the position you are applying for. Please be advised that your application will be placed in our inactive file for 60 business days from the date of application. (In order for you to keep your application current, it will be necessary for you to inform our personnel office in writing, prior to the 60 day period, that you wish to remain on the company's active applicant list.) The application provides information which enables us to determine whether an applicant has the interests, background and experience to be given additional consideration for employment. At the appropriate time you will be required to establish your citizenship or, if not a citizen, your eligibility for employment. Please print in Ink and use your own handwriting. Use space on the last page to clarify any responses or, if desired, tell us anything else about yourself you believe relevant.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any false information, representations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

Before I can begin work, and as a pre-condition of employment, I understand I must be able to verify, as required by federal law, that I am authorized to work in the United States. I understand that all applicants offered a position must document their authorization to work before the hiring process will be complete. If selected for hire, I understand it will be my responsibility to provide the Manistee County Medical Care Facility with documentation establishing my right to work. I understand these documents will be reviewed at the time a conditional offer of employment is made.

I authorize a thorough investigation of my past employment and education, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporations, and/or educational institutions requesting or supplying such information and waive my right to notice of such disclosure.

I understand that part of the Manistee County Medical Care Facility screening process will include a search of criminal conviction history records to verify information provided by me during the application process. As a part of this investigation, I may be required to provide my date of birth, sex, and driver's license and state of issue. I understand that this information may be required at a later time to facilitate this investigation. My signature below signifies that I understand and agree to authorize Manistee County Medical Care Facility to secure criminal conviction history from the appropriate law enforcement agency, should the facility determine it is necessary to do so.

I understand that if I am granted an interview, I will be asked at the time if I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Manistee County Medical Care to attempt to make a reasonable accommodation for it. Under federal law, it is my responsibility to inform the Manistee County Medical Care that an accommodation is needed. I understand I must make request for accommodation in writing to the Human Resources Department as soon as possible. Under state law, such a request must be made no later than 182 days after the date I know or reasonably should know that accommodation is needed.

If hired, in consideration of my employment, I agree to abide by the rules and policies of the Manistee County Medical Care. I understand that my employment with the Manistee County Medical Care Facility is for an indefinite term, and I am subject to termination at any time with or without notice, with or without proper discipline warning, and with or without cause.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____