

APPLICATION FOR EMPLOYMENT

MACKINAC STRAITS HOSPITAL

220 Burdette Street • St. Ignace, MI 49781

Phone: 906-643-8585 • Fax: 906-643-0463

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cellular Phone	Last 4 digits of Social Security No.	Desired Rate of Pay	
Position Applied for?		Date you would be available for work: ___/___/_____	
Type of employment desired:			
Status:	Shift:	Days:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Day	<input type="checkbox"/> Sun	
<input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Mon	
<input type="checkbox"/> As Needed	<input type="checkbox"/> Night	<input type="checkbox"/> Tues	
<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend	<input type="checkbox"/> Wed	
<input type="checkbox"/> Summer		<input type="checkbox"/> Thurs	
		<input type="checkbox"/> Fri	
		<input type="checkbox"/> Sat	
Many positions require weekends and holidays. Will you work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
List Volunteer/Community Service which you feel is related to the position applied for.			
Briefly state any special skills or qualifications you feel are related to the position you are applying for.			
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		If so, when?	
YES <input type="checkbox"/> NO <input type="checkbox"/>			
List any friends or relatives working for us.			
Name:		Relationship:	
Name:		Relationship:	

Have you ever been convicted as an adult or juvenile of crime(s), including misdemeanors other than a minor traffic offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Are there any felony charges pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Have you ever been involved in a substantiated abuse or neglect of children or adults?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
(Note: Conviction of a criminal offense will not necessarily preclude your employment.)		

MILITARY SERVICE RECORD	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)	
<i>Please list three professional references.</i>	
Full Name	Relationship
Occupation	Phone ()
Address	
Full Name	Relationship
Occupation	Phone ()
Address	
Full Name	Relationship
Occupation	Phone ()
Address	

PREVIOUS EMPLOYMENT (START WITH MOST CURRENT)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Rate	\$	Ending Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Rate	\$	Ending Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your employer supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Rate	\$	Ending Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

In case of emergency who should we contact? Relationship: Phone No.

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era Veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment activities. I agree to cooperate in such investigation and release from liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment will be conditional based on an employment physical examination, which relates to the essential duties I would be required to perform, as well as a criminal background check and a drug screen.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility of employment.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that any omissions, false or misleading information in my application or interview may result in my discharge.	
Signature	Date