



611 N. State St., Stanton, MI 48888  
ph: 989-831-7523 fx: 989-831-7578

## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** Montcalm Care Network is committed to the principle of equal opportunity in employment. We are committed to maintaining a workplace free from unlawful discrimination. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, veteran status, or disability in employment, in our programs and activities.

### GENERAL INFORMATION

Date \_\_\_\_\_

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

Referral Source  Friend  Relative  Employment Agency  MCN website

Internet Search  Walk-in  Other \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_

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

Cell Phone

(\_\_\_\_) \_\_\_\_\_

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

Have you ever filed an application here before?  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give date \_\_\_\_\_ Position \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No  Not at this time

If hired, are you legally eligible for employment in the United States?  Yes  No

(Proof of legal work status will be required upon employment)

Employment Availability:  Full-Time  Part-Time  Temporary  Evenings  Weekends

When are you available to start? \_\_\_\_\_

Can you travel locally if a job requires it?  Yes  No

<b>Most Recent Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

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EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS**

Check off those computer skills with which you are proficient (any version).

PC User                       Macintosh User                       Windows                       Microsoft Word  
 Microsoft Excel                       Microsoft Publisher                       Microsoft Power Point  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)  
 Chauffeur

Expiration date \_\_\_\_\_

**OTHER SPECIAL SKILLS or Licenses You Have**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

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**MONTCALM CARE NETWORK RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)**

I, \_\_\_\_\_, authorize Montcalm Care Network to make inquiries of my former employers regarding my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for employment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REFERENCES**

Please list two references from prior employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A TUBERCULOSIS SCREENING**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the essential functions of the job. I further understand as a Health care employee I will be required to undergo a two-step Tuberculin skin testing by a PPD test or chest x-ray.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I am subject to a background check, and hereby authorize Montcalm Care Network to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Thank you for applying to Montcalm Care Network**

**Submit completed application:**

**In person: 611 N. State St., Stanton, MI 48888**

**By fax: 989-831-7578 Attn HR Specialist**

**By email: jobs@montcalmcare.net**