



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, gender identity, marital status, veteran or military status, height, weight, protected disability, or any other characteristic protected by applicable state or federal laws, in employment, in our programs, and our activities.

GENERAL INFORMATION

Date _____

Position Applied For (1) _____

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 Held _____

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

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

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

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

--	--	--

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

