

## **APPLICATION FOR EMPLOYMENT**

Please print or type all information except signature.

| are committed to<br>race, color, creed<br>height, weight, pr | o maintaining a workplace<br>d, national origin, age, reliq | free from unlawful ogion, sexual orientate other characteristic p | discrimination. We ion, gender idention or idention or idention or idention or identical by application or identical by a possibility or identic | ole of equal opportunity in e<br>do not discriminate on the<br>ty, marital status, veteran o<br>cable state or federal laws, i | basis of sex,<br>or military status, |
|--|---|---|--|--|--------------------------------------|
| GENERAL INFO   | RMATION   |   | Date   | e  |                                      |
| Position Applied   | For (1 <u>)</u>   |   |  |  | •                                    |
| Referral Source  | ☐ Friend ☐ Relative   | ☐ Employment Ag   | ency $\square$ MCN v   | vebsite  |                                      |
|  | ☐ Internet Search   | ☐ Walk-in   | Other  |  |                                      |
| Name   |   |   |  |  |                                      |
| Last   |   | First   | N  | Middle   |                                      |
| Address  |   |   |  |  |                                      |
| Cell Phone   | Number  | Street  | City State<br>E-mail address _   | Zip  |                                      |
| Have you ever fil  | ou provide a work permit                                    | fore?   | No   |  |                                      |
| -  | een employed here before                                    |   |  |  |                                      |
| Are you currently  | employed?  Yes  | ] No  |  |  |                                      |
| If yes, may we co  | ontact your employer?                                       | Yes No 🗆  | Not at this time   |  |                                      |
|  | egally eligible for employn<br>ork status will be required  |   | tates? 🗌 Yes   | □ No   |                                      |
| Employment Ava   | ilability: 🗌 Full-Time                                      | ☐ Part-Time ☐   | Temporary 🗌 Ev   | venings  |                                      |
| When are you av  | ailable to start?   |   |  |  |                                      |
| Can you travel lo  | cally if a job requires it? [                               | ☐ Yes ☐ No  |  |  |                                      |

| Most Recent Employer | Dates Employed     | Work Performed |
|----------------------|--------------------|----------------|
|                      | From:              |                |
|                      | То:                |                |
|                      | Final pay rate:    |                |
| Address              | Supervisor         |                |
|                      |                    |                |
| lob Tal-             | B                  |                |
| Job Title            | Reason for Leaving |                |
| Employer             | Dates Employed     | Work Performed |
| Acces as             | From:              |                |
|                      | To:                |                |
|                      | Final pay rate:    |                |
| Address              | Supervisor         |                |
|                      | - Ομροί γιουί      |                |
|                      |                    |                |
| Job Title            | Reason for Leaving |                |
|                      |                    |                |
| Employer             | Dates Employed     | Work Performed |
|                      | From:              |                |
|                      | То:                |                |
|                      | Final pay rate:    |                |
| Address              | Supervisor         | <del></del>    |
|                      |                    |                |
| lob Title            | December 1 and 1   |                |
| Job Title            | Reason for Leaving |                |
|                      |                    |                |
| Employer             | Dates Employed     | Work Performed |
|                      | From:              |                |
|                      | То:                |                |
|                      | Final pay rate:    |                |
| Address              | Supervisor         |                |
|                      |                    |                |
| Job Title            | Reason for Leaving |                |
| ·-                   | - Louis Louining   |                |
|                      |                    |                |
|                      |                    |                |
|                      |                    | L              |

| EDUCATION  |  |  |                                 |                      |  |
|--|--|--|---------------------------------|----------------------|--|
| TYPE OF SCHOOL   | NAME OF SCHOOL   | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS<br>COMPLETED    | MAJOR & DEGREE       |  |
| High School  | INAIVIL OF SCHOOL  | (Complete mailing address)             | OOWII ELTED                     |                      |  |
|  |  |  |                                 |                      |  |
| College  |  |  |                                 |                      |  |
| Graduate School  | +  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| Bus. or Trade School   |  |  |                                 |                      |  |
| Professional School  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| Special Honors   |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| COMPUTER SKILLS  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| Check off those compute  | er skills with which you are pr                                  | roficient (any version).               |                                 |                      |  |
| ☐ PC User  | <ul><li>☐ Macintosh User</li><li>☐ Microsoft Publisher</li></ul> |  | Microsoft Word                  |                      |  |
|  |  | Point                                  |                                 |                      |  |
| Other. Please list   |  |  |                                 | <del></del>          |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| DRIVER'S LICENSE (O  | Only for positions which req                                     | uire driving)                          |                                 |                      |  |
| Do you have a driver's li  |  | <b>3</b> /                             |                                 |                      |  |
| Driver's license   |  |  |                                 |                      |  |
| number   |  | State of issue                         | Operator                        | I (CDL)              |  |
| □Chauffeur   |  |  |                                 |                      |  |
| Expiration date  |  |  |                                 |                      |  |
| OTHER SPECIAL SKIL   | LS or Licenses You Have  |  |                                 |                      |  |
|  |  | oney in other languages, licenses, cr  | poolal training required for th | no position for      |  |
| 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. |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
|  |  |  |                                 |                      |  |
| MONTCALM CARE NETWORK RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)  |  |  |                                 |                      |  |
| L  |  | authorize Montes                       | ılm Care Network to make i      | nauiries of my       |  |
| former employers regard  | ing my past employment rec                                       | ord, including dates of employment     | salary, performance evalua      | ation, etc., for the |  |
| purposes of assessing m  | ny qualifications for employm                                    | ieni.                                  |                                 |                      |  |

| 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-WIL  | LL 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            |  |  |  |
| , 11,7,3  |                                     |  |  |  |

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

SIGNATURE: