

APPLICATION FOR EMPLOYMENT

BAY COUNTY MEDICAL CARE FACILITY

Bay County Medical Care Facility is an Equal Opportunity Employer. It is the policy of the Facility to afford equal employment opportunities, regardless of a person's race, religion, color, national origin, sex, disability, genetic information, marital status, height, weight, familial status, veteran status, or any other legally protected characteristic. A person with a disability requiring an accommodation in the application process should notify the Facility's Human Resources Department.

The accurate and thorough completion of this application is an important step in our consideration of applicants for employment. Please complete the entire application. I understand that providing information not specifically asked for in this application, or not relevant to the question asked, will disqualify my application from being considered for employment. "See resume" is not an appropriate response to a question. Additional paper is available if you need to explain or detail any response.

POSITION APPLIED FOR: _____

Name (Last, First, Middle)	
Address (Street, City, State, Zip Code)	
Home Phone:	Cell Phone:
What prompted your application: _____	
Have you ever filed an application with us before? _____ Yes _____ No If Yes, When: _____	
What position did you apply for? _____	
Have you ever been employed by the Bay County Medical Care Facility? _____ Yes _____ No	
If yes, please state: Dates of employment _____ Reason for leaving _____	
Salary Expectation:	Date available for work: _____
\$ Per	Available for: Full Time _____ Part Time _____ Per Diem _____
(Check all that apply)	
Please indicate any previous names or nicknames necessary to verify information included in this application.	
Are you related to or know anyone who works for Bay County Medical Care Facility? _____ Yes _____ No	
If yes, please name individual(s).	
Are you willing to work variable, rotating shifts and weekends? _____ Yes _____ No	
Specify any dates or times you are unavailable for work.	
Do you have any responsibilities other than work that may interfere with our job requirements? _____ Yes _____ No If yes, explain:	
Do you have a reliable form or transportation to get to work? _____ Yes _____ No	
Are you 18 years of age or older? _____ Yes _____ No	
Are you legally eligible for employment in the United States? _____ Yes _____ No	
Are you able to perform the essential duties of the job for which you are applying with or without reasonable accommodation? _____ Yes _____ No	
Are you currently on "layoff" status and subject to recall? _____ Yes _____ No	
Have you ever been discharged by an employer or resigned in lieu of discharge? _____ Yes _____ No	
Have you ever been disciplined for violations of company policy? _____ Yes _____ No	
If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution on an attached signed statement.	

EMPLOYMENT HISTORY

List your last four employers or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. **“See Resume”** is not acceptable.

Employer's Name:		Phone:	
Address:		Supervisor: (Name and Title)	
Job Title:		Starting Salary: \$	Ending Salary: \$
Duties & Responsibilities:			
From: (month & year)	To: (month & year)	Reason for Leaving:	
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer's Name:		Phone:	
Address:		Supervisor: (Name and Title)	
Job Title:		Starting Salary: \$	Ending Salary: \$
Duties & Responsibilities:			
From: (month & year)	To: (month & year)	Reason for Leaving:	
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer's Name:		Phone:	
Address:		Supervisor: (Name and Title)	
Job Title:		Starting Salary: \$	Ending Salary: \$
Duties & Responsibilities:			
From: (month & year)	To: (month & year)	Reason for Leaving:	
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer's Name:		Phone:	
Address:		Supervisor: (Name and Title)	
Job Title:		Starting Salary: \$	Ending Salary: \$
Duties & Responsibilities:			
From: (month & year)	To: (month & year)	Reason for Leaving:	
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer's Name:		Phone:	
Address:		Supervisor: (Name and Title)	
Job Title:		Starting Salary: \$	Ending Salary: \$
Duties & Responsibilities:			
From: (month & year)	To: (month & year)	Reason for Leaving:	
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>			

MILITARY

Branch	Position / Rank	Dates of Service From To
Describe any education, training, and duties that relate to the position you are applying for.		Reserve Status:

EDUCATION

SCHOOL	LOCATION	DIPLOMA/DEGREE RECEIVED
High School / GED		
Business School		
College / University		
Trade / Vocational School		

Please list special skills, experience and/or training that relate to the position you are applying for:

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all licenses and certifications you have had or now hold, including any national certifications, as well as the State they are held in. Please include the expiration dates.

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or put on probation, including current license and certifications? _____ Yes _____ No

Have you ever been denied a license or certification? _____ Yes _____ No

If you answered yes to any of the above questions, explain in detail on an attached signed statement.

RECORD OF CONVICTION

Have you ever been convicted or entered a guilty or nolo contendere plea of a felony? _____ Yes _____ No
If yes, please explain and provide the name, nature of offense, and date of conviction.

Have you ever been convicted or entered a guilty or nolo contendere plea of a misdemeanor? _____ Yes _____ No
If yes, please explain and provide the name, nature of offense, and date of conviction.

Do you have any felony or criminal charges pending against you? _____ Yes _____ No
If yes, please explain and provide the name, nature of offense, and date of arraignment.

Conviction of a crime or a plea of guilty or nolo contendere will not necessarily disqualify an applicant from consideration of employment.

REFERENCES

Give the name, address and telephone numbers of three references who are not related to you:

- 1.
- 2.
- 3.

CERTIFICATION

Upon a conditional offer of employment, I understand that I may be required to submit to a criminal background check, including submission of my fingerprints and hereby authorize the State of Michigan department of police, licensing and regulatory department, or any other prescribed vendor to obtain my criminal history record. I understand that if I am offered employment, I may be required and agree to submit to a physical examination, as well as any urine screen for alcohol and drug analysis. I understand that any offer of employment by Bay County Medical Care Facility is contingent upon the results of any criminal background check, employment or education verification, alcohol and drug screen, and physical examination.

Please initial _____

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards and current and previous employers to release any requested information to the Facility. I also specifically waive written notice from any and all former employers regarding their disclosure to the Facility of any prior disciplinary action and waive any claim against the Facility and current or former employers arising from such investigation or disclosure. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or if I have been hired, an immediate dismissal at the sole discretion of the Facility.

Please initial _____

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized representative of the Facility and by me or my authorized representative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of the Facility regardless of any contrary provisions in any other forms, manuals, handbooks or other documents. Similarly, such employment shall be at the wages, benefits, hours and conditions as the Facility may determine and change from time to time and I agree to abide by any rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized representative of the Facility has any authority to enter into an agreement with me contrary to the provisions of this paragraph and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

Please initial _____

It is with full understanding and agreement with the provisions of this Certification that I will accept any employment offered to me. Michigan law requires that a person with a disability requiring an accommodation for employment must notify the employer, in writing, within 182 days after the need is known.

Signature of Applicant

Date