

**Application for Employment**

*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.*

**Please Print**

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_  
Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell /Beeper /Other (\_\_\_\_) \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ am / pm  
May we contact you at work?  Yes  No  
If, **yes** work number and best time to call \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ am / pm

If you are under 18 and it is required, can you furnish a work permit?  Yes  No  
If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No  
If **yes**, give approx. date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If **yes**, give dates \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
Dates available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No  
If **no**, please explain \_\_\_\_\_

Have you ever been bonded?  Yes  No

Have you ever pled "guilty" or "no contest", or been convicted of a crime?  Yes  No  
If **yes**, please provide date(s) and details \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities; starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed From	Dates Employed To	Summarize the Type of Work Performed and Job Responsibilities
Address				
Starting Job Title / Final Job Title		Hourly Rate Starting	Hourly Rate Ending	
Immediate Supervisor and Title				
Reason for leaving				
May we contact for references?		Yes	No	

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Immediate Supervisor and Title				
Reason for leaving				
May we contact for references?		Yes	No	

Comments (Including explanation for gaps in employment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

### Educational Background (if job related)

**A.** List three schools attended starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade point average or Class Rank. **E.** Major Field of study **F.** Minor Field of study.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA / CLASS RANK	E. MAJOR	F. MINOR

### References

List name and telephone number of three business/work references that are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name of Reference	Telephone # (include area code)	Number of Years Known

### Additional Information

List professional, trade, business, or civic associations and any office held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected states.

Organization/Association Name	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected states.

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List any additional information you would like us to consider.

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## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with Ionia County Memorial Hospital is true, complete, and correct.

I am not currently excluded from providing services to any governmental program nor am I the subject of an investigation which has potential to lead to my exclusion.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from Ionia County Memorial Hospital's services, whenever it is discovered.

I expressly authorize, without reservation, Ionia County Memorial Hospital, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding Ionia County Memorial Hospital, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or such organizations for furnishing such information about me.

I understand that Ionia County Memorial Hospital does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Ionia County Memorial Hospital and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that unless I am covered under a union contract, I am an At Will employee. I am free to resign at any time, with or without cause and without prior notice, and Ionia County Memorial Hospital reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

I also understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Ionia County Memorial Hospital is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Ionia County Memorial Hospital's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_