

**APPLICATION FOR EMPLOYMENT****MUNISING  
MEMORIAL  
HOSPITAL**1500 Sand Point Road  
Munising, Michigan 49862If you require assistance with completing this  
application or the testing process, please notify  
the Human Resources Department.**PERSONAL INFORMATION**NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle Initial

Please indicate any other names you have had or used. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

HOME TELEPHONE NO. ( ) \_\_\_\_\_ OTHER TELEPHONE NO.( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

Are you over 18 years of age?  Yes  No Are you legally authorized to work in the United States?  Yes  No

Alien Status \_\_\_\_\_ Verification/Work Permit # \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

STATUS DESIRED:  Full-Time  Part-Time  Temporary Until \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Is there any circumstance which would keep or hinder you from performing any duty of the position or working any assigned  
shift?  Yes  No If yes, please explain \_\_\_\_\_

DAYS AVAILABLE FOR FULL- OR PART-TIME WORK:

 Available all days of the week  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.AVAILABLE FOR ANY SHIFT?  Yes  NoSHIFT(S) PREFERRED:  First (Days)  Second (Afternoons)  Third (Nights)  AnyHAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?  Yes  No

Please list the dates: \_\_\_\_\_

LIST THE NAMES OF RELATIVES EMPLOYED IN THE ORGANIZATION: \_\_\_\_\_

NAME/Last, First, Middle

POSITION

DATE

We offer equal opportunity employment to all individuals and do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, disability, height or weight, unless required to do so by law or bona fide occupational qualification. It is the policy of the employer to provide any reasonable accommodations required by law. The questions on this application form are intended to be non-discriminatory in nature, and applicants are not required to submit any information which could be used for discriminatory purposes.

**BACKGROUND INFORMATION**

Dates of U.S. Military or Naval Service \_\_\_\_\_ Rank upon discharge \_\_\_\_\_

Are you presently in the military (active or reserve)?  Yes  No If yes, what is your present rank or status? \_\_\_\_\_

Have you ever been convicted of any crimes of any type which resulted in any penalty, including fines, payment of costs, incarceration, diversion, advisement, or some other resolution?  Yes  No If yes, please explain \_\_\_\_\_

Are there any felony charges pending against you?  Yes  No If yes, please explain \_\_\_\_\_

You will not be refused employment solely because of a conviction of a crime. Rather, the organization's decision will be determined on whether the conviction relates in some way to the position applied for.

**EDUCATION AND TRAINING**

SCHOOL LEVEL	SCHOOL NAME	ADDRESS, CITY, STATE	No. of Years Completed	Type of Diploma, Certificate, or Degree Received
High School				
College				
College				
Graduate School				
Nursing/Other School				

Please list any work training programs, seminars, extra curricular activities, or any other educational experiences relevant to the position(s) applied for: \_\_\_\_\_

Currently taking course(s)  Yes  No If yes, what is your area of study? \_\_\_\_\_

School \_\_\_\_\_ Degree Sought \_\_\_\_\_ Schedule \_\_\_\_\_

Other relevant education and training information: \_\_\_\_\_

**PROFESSIONAL SKILLS AND LICENSURE**

Typing \_\_\_\_\_ WPM List: office skills, computer/software skills, and hospital or industrial equipment skilled to operate:  
 Shorthand \_\_\_\_\_ WPM \_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATES**

Type	State Issued	Date Issued	Expiration Date	Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FOREIGN AND OTHER LANGUAGE SKILLS, INCLUDING SIGNING:** If required by, or helpful to, the position(s) applied for, please complete

Language _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Write	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Language _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Write	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent

## EXPERIENCE

List all previous and current employment, including paid employment, volunteer work, or work in the U.S. Armed Forces. List last or present employment first, attach resume (if you have one), and use separate paper to list additional employers.

DATES		EMPLOYER	SUPERVISOR	REASON FOR LEAVING
Start	End			
		Name:	Name:	
Last rate of pay		Address:	Title:	
		Phone:	Phone:	
State title		Describe in detail the work you performed.		

DATES		EMPLOYER	SUPERVISOR	REASON FOR LEAVING
Start	End			
		Name:	Name:	
Last rate of pay		Address:	Title:	
		Phone:	Phone:	
State title		Describe in detail the work you performed.		

DATES		EMPLOYER	SUPERVISOR	REASON FOR LEAVING
Start	End			
		Name:	Name:	
Last rate of pay		Address:	Title:	
		Phone:	Phone:	
State title		Describe in detail the work you performed.		

DATES		EMPLOYER	SUPERVISOR	REASON FOR LEAVING
Start	End			
		Name:	Name:	
Last rate of pay		Address:	Title:	
		Phone:	Phone:	
State title		Describe in detail the work you performed.		

Have you ever been discharged from any employment?  Yes  No If yes, please state the employer, when your employment ended, and why you were discharged: \_\_\_\_\_

Please explain any gaps between employment: \_\_\_\_\_

It is this employer's policy to check with previous employers as references.

Indicate any of the above employers you do not want us to contact: \_\_\_\_\_

## REFERENCES

List three references (not relatives or former employers):

1.				
	Name	Address	Phone No.	Occupation
2.				
	Name	Address	Phone No.	Occupation
3.				
	Name	Address	Phone No.	Occupation

# CERTIFICATION

## PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that all statements made on this application are true and that I have not knowingly withheld any facts or circumstances which might, if disclosed, affect my application.

I fully understand that the misrepresentation or omission of facts or circumstances will be sufficient cause for rejection of my application if the Organization has not employed me, and for immediate termination if the Organization has employed me.

I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for the position(s) for which I am applying.

I authorize former employers, academic institutions, and other references to release any information required to determine my qualifications for the position(s) for which I am applying and hereby release all individuals and organizations from any liability or damages which may result from furnishing such information. I waive any right, under Public Act 397 of 1978, to receive written notice from this Organization or former employers that such information has been released.

A copy of this Certification serves as sufficient authorization, and may be considered to be in compliance with any law, for the release of whatever information is sought. I hereby agree to sign any documents or authorization which might be necessary to conduct an appropriate investigation of the information contained in this application.

In consideration of my employment, I agree to inform myself of and conform to the policies and procedures of the Organization and I also understand and agree that my employment and compensation is for no definite period and is at will, and may, regardless of time and manner or payment of my wages and salary, be terminated at any time, with or without cause or notice, at the option of either the Organization or myself. I also understand and agree that the Organization has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented to the extent not limited by law or contract. I acknowledge that no representative of the Organization, other than the Chief Executive Officer and his/her designee, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to the foregoing, unless that agreement is in writing and signed by the Chief Executive Officer of the Organization or his/her designee.

I understand that the Organization may require the successful completion of a urinalysis for drug testing purposes, and criminal background check as a condition of employment. By submitting this Application for Employment, I hereby consent to both.

I hereby acknowledge that I have read and understand the preceding statements, and that my affirmation to the above is hereby voluntarily given.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

## DO NOT WRITE IN THIS SPACE

FOLLOW-UP ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Background check ordered by: \_\_\_\_\_ Date ordered: \_\_\_\_\_ Date completed: \_\_\_\_\_

References checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Hire recommendation approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Offer made: \_\_\_\_\_ Date: \_\_\_\_\_ Terms: \_\_\_\_\_

Accepted for employment? \_\_\_\_\_ Starting rate: \_\_\_\_\_ Starting date: \_\_\_\_\_

FOR INDIVIDUALS HIRED ONLY: Form I-9, Employment Eligibility Verification, Medical Evaluation (if required), Licensure Verification

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Document(s) Presented: \_\_\_\_\_

(Attach copy of completed form I-9 and copy of identity and employment eligibility document(s) within 3 days of hire.)