



3559 Pine Street, P.O. Box 0126
 Deckerville, MI 48427-0126
 810-376-2835

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR HANDICAP.

TODAY'S DATE	POSITION DESIRED	SALARY DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
HOW WERE YOU REFERRED TO THE FACILITY?			

IDENTIFICATION

NAME: (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, ZIP)	TELEPHONE (HOME/WORK)

RELATIVES OR FRIENDS EMPLOYED AT DCH? (Please list) _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO

ARE YOU AT LEAST 18 YEARS OLD? YES NO

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE U.S.? _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO (Please explain all relevant facts:)

EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	GRADE COMPLETED	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE				
COLLEGE				
VOCATIONAL TRAINING				

AREA OF SPECIALIZATION OR MAJOR INTEREST _____

MILITARY

DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" WHAT BRANCH?
DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.	

WORK EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

(1) COMPANY NAME	TELEPHONE ()
ADDRESS, INCLUDING CITY & STATE	EMPLOYED (MONTH AND YEAR) FROM _____ TO _____
NAME OF SUPERVISOR	WEEKLKY PAY START _____ TO _____
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING
DID COMPANY PERFORM A CRIMINAL HISTORY CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(2) COMPANY NAME	TELEPHONE ()
ADDRESS, INCLUDING CITY & STATE	EMPLOYED (MONTH AND YEAR) FROM _____ TO _____
NAME OF SUPERVISOR	WEEKLKY PAY START _____ TO _____
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING
DID COMPANY PERFORM A CRIMINAL HISTORY CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(3) COMPANY NAME	TELEPHONE ()
ADDRESS, INCLUDING CITY & STATE	EMPLOYED (MONTH AND YEAR) FROM _____ TO _____
NAME OF SUPERVISOR	WEEKLKY PAY START _____ TO _____
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING
DID COMPANY PERFORM A CRIMINAL HISTORY CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE IF WE DETERMINE WE WOULD LIKE TO OFFER YOU A POSITION. IS THERE ANYONE LISTED WHO YOU DO NOT WANT US TO CONTACT?

DO NOT CONTACT

EMPLOYER NAME: _____ REASON: _____

ADDITIONAL INFORMATION

MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS; SPECIAL ACCOMPLISHMENTS, AWARDS, ETC. (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, AGE, NATIONAL ORIGIN):

APPLICANT'S ACKNOWLEDGMENT AND CONSENT

PLEASE READ AND UNDERSTAND THESE STATEMENTS BEFORE SIGNING YOUR APPLICATION:

FALSE INFORMATION: THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE. FALSE, IMCOMPLETE OR MISREPRESENTED INFORMATION OF ANY KIND IN THIS APPLICATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

BACKGROUND CHECK: I AUTHORIZE EMPLOYER TO CONTACT AND OBTAIN INFORMATION ABOUT ME FROM PREVIOUS EMPLOYERS, EDUCATION INSTITUTIONS, POLICE DEPARTMENTS, CREDIT OR CONSUMER REPORTS, AND OTHER REFERENCES OR SOURCES CONCERNING ME. I AUTHORIZE ALL SUCH SOURCES TO FULLY RESPOND TO ALL INQUIRIES AND TO RELEASE INFORMATION AND RECORDS, INCLUDING TRANSCRIPTS AND DISCIPLINARY REPORTS, TO DECKERVILLE COMMUNITY HOSPITAL WITHOUT LIABILITY FOR DAMAGE INCURRED IN GIVING IT. I SPECIFICALLY WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF MY PERSONNEL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER DISCIPLINARY ACTION BY MY EMPLOYER, AS WELL AS MY CURRENT AND FORMER EMPLOYERS. IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION, I RELEASE EMPLOYER, ALL PREVIOUS EMPLOYERS AND ALL INDIVIDUALS AND ORGANIZATIONS OF ANY CLAIMED LIABILITY OR DAMAGES ARISING OUT OF SUCH RESPONSE AND DISCLOSURE.

MEDICAL EXAMINATION: I HAVE BEEN INFORMED AND UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON MY ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WHICH I HAVE BEEN OFFERED AS DETERMINED BY ANY MEDICAL EXAMINATION. I FURTHER UNDERSTAND THAT MY INITIAL AND CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICALS. I HEREBY CONSENT TO THE RELEASE OF ANY MEDICAL INFORMATION OBTAINED PURSUANT TO THESE POLICES.

CONSIDERATION OF APPLICATION: THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD NOT TO EXCEED ONE (1) YEAR. AFTER THAT TIME, UNLESS OTHERWISE NOTIFIED, I UNDERSTAND THAT MY STATUS AS AN APPLICANT WILL END. I MAY RE-APPLY FOR EMPLOYMENT IN THE FUTURE BY COMPLETING A NEW APPLICATION.

NOT AN EMPLOYMENT AGREEMENT: THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. I UNDERSTAND THAT IF HIRED, I WILL BE AN AT WILL EMPLOYEE AND THAT MY EMPLOYMENT CAN BE TERMINATED BY EMPLOYER OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I FURTHER UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF EMPLOYER, OTHER THAN THE ADMINISTRATOR/CEO OF EMPLOYER, HAS ANY AUTHORIZATION TO CHANGE MY AT-WILL STATUS, THAT SAID AGREEMENT MUST BE IN WRITING AND SIGNED BY ADMINISTRATOR/CEO.

DISABILITIES: I UNDERSTAND THAT IF I HAVE A DISABILITY THAT AFFECTS MY ABILITY TO DO THE JOB I SEEK, I MAY ASK EMPLOYER TO ATTEMPT TO MAKE REASONABLE ACCOMMODATION FOR IT. I WILL MAKE MY REQUEST IN WRITING TO THE HUMAN RESOURCES DEPARTMENT WITHIN 182 DAYS AFTER THE NEED FOR ACCOMMODATION IS KNOWN.

EMPLOYER RULES: IN CONSIDERATION OF EMPLOYMENT, I AGREE TO ABIDE BY ALL RULES AND REGULATION OF THE EMPLOYER.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

DATE

SIGNATURE



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EMPLOYMENT REFERENCE CHECK

Company / Employer Name: _____
 Supervisor / Contact Name: _____
 Company Address: _____
 Company Phone: _____

The applicant named below has recently submitted an Application for Employment with us, and has given us permission to contact you. Your comments will be kept confidential.

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ Employed from: _____ to _____

Authorization:

I hereby authorize the above named company / employer to provide the following information regarding my work performance to Deckerville Community Hospital:

 Signature Date

 Witness Date

TO BE COMPLETED BY EMPLOYER
Employment Reference Check Information

Position Applicant Held: _____
 Employed From _____ to _____
 Responsibilities: _____

Employment Evaluation (Please ✓ the appropriate boxes).

	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Initiative					
Job Knowledge					
Quality of Job					

Additional Comments: _____

Eligibility for Re-Hire YES () No () Reason for Leaving:

 Signature Date



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Additional Comments: _____

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DECKERVILLE COMMUNITY HOSPITAL
HUMAN RESOURCE DEPARTMENT

CRIMINAL HISTORY CHECK AUTHORIZATION AND RELEASE

I hereby authorize the release of my criminal record by the Michigan Department of State Police, the Federal Bureau of Investigations or any previous employer that has performed a criminal history check on me within the past twenty-four months.

PRINT NAME: _____

PREVIOUS LEGAL NAME(S): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____

RACE: WHITE BLACK HISPANIC ASIAN / SOUTH PACIFIC NATIVE AMERICAN OTHER

SEX: FEMALE MALE

LENGTH OF MICHIGAN RESIDENCY: less than three years from date of offer
 more than three years from date of offer

In consideration of acceptance of my application and employment, I release Employer, the Michigan Department of State Police, the Federal Bureau of Investigations, any previous employer and all individuals, agents and organizations of such entities of any claimed liability or damages arising out of the criminal history check.

Applicant Signature

Date