

SCHOOLCRAFT MEMORIAL HOSPITAL

7870W U.S. Highway 2
Manistique, MI 49854

EMPLOYMENT APPLICATION

Schoolcraft Memorial Hospital is an Equal Opportunity Provider and Employer. It is our policy to hire the best qualified applicants. We do not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, height, weight, veteran status, marital status, genetics or any other reason prohibited by law.

APPLICANT

Applicant Name: _____

Address: _____

City/State/Zip: _____

Email address: _____

Daytime phone number: _____

Cell phone number: _____

JOB POSITION

Position you are applying for: _____

Employment desired: full-time part-time full-time or part-time

List any specialized training you have related to this position: _____

List any current certifications/licenses you hold related to this position: _____

How did you hear about this position? _____

What interests you most about working in a hospital? _____

Have you applied at Schoolcraft Memorial Hospital previously? Yes No

If yes, when? _____

If yes, which position did you apply for? _____

EDUCATION

High School

School name _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No

General Equivalency Diploma (GED)

If you did not graduate from high school, did you receive a GED? Yes No N/A

College/University

School name _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No Degree obtained _____

Vocational/Trade School

School name _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No Certificate obtained _____

WORK EXPERIENCE

Current Employer

Employer name _____
Address _____ City _____ State ____ Zip_____
Phone number _____
Current job position _____
Supervisor name _____
Dates of employment – from _____ to _____
Reason for desiring change _____

Former Employer

Employer name _____
Address _____ City _____ State ____ Zip_____
Phone number _____
Former job position _____
Supervisor name _____
Dates of employment – from _____ to _____
Reason for leaving _____

Former Employer

Employer name _____
Address _____ City _____ State ____ Zip_____
Phone number _____
Former job position _____
Supervisor name _____
Dates of employment – from _____ to _____
Reason for leaving _____

Former Employer

Employer name _____
Address _____ City _____ State ____ Zip_____
Phone number _____
Former job position _____
Dates of employment – from _____ to _____
Reason for leaving _____

Former Employer

Employer name _____
Address _____ City _____ State ____ Zip_____
Phone number _____
Former job position _____
Dates of employment – from _____ to _____
Reason for leaving _____

BUSINESS REFERENCES (please do not list relatives or personal references)

Reference name _____
 Business name _____
 Address _____ City _____ State ____ Zip_____
 Phone number _____

Reference name _____
 Business name _____
 Address _____ City _____ State ____ Zip_____
 Phone number _____

Reference name _____
 Business name _____
 Address _____ City _____ State ____ Zip_____
 Phone number _____

Reference name _____
 Business name _____
 Address _____ City _____ State ____ Zip_____
 Phone number _____

TRANSPORTATION

Do you have a valid driver's license? ____ Yes ____ No
 Driver's license # _____ Expiration date _____
 Will you have transportation to and from work? ____ Yes ____ No

AVAILABILITY

Please check all that apply: ____ full-time ____ part-time ____ temporary ____ any
 Days available to work: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday
 ____ Friday ____ Saturday ____ Sunday ____ any
 Shifts available to work: ____ Days ____ Evenings ____ Weekends ____ any
 If offered employment, when are you available to begin: _____

CRIMINAL BACKGROUND

Have you ever been convicted of a felony? ____ Yes ____ No
 Have you ever been convicted of a misdemeanor? ____ Yes ____ No
 If yes, please explain the nature of the misdemeanor conviction and date of conviction _____

MISCELLANEOUS

Are you at least 18 years old? ____ Yes ____ No
 Are you legally eligible for employment in the United States? ____ Yes ____ No
 May we contact your current employer? ____ Yes ____ No
 If not, please give reason: _____
 May we contact your former employers? ____ Yes ____ No
 If not, please give reason: _____

I understand that after being made a conditional job offer, I will be given a post-offer medical examination, including mandatory testing. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that after I am employed, I will be required to submit to medical examinations, screenings and vaccinations, and I agree to the release of any test result to appropriate Hospital personnel.

I understand that this application is not an offer of employment. I agree that if I am employed by Schoolcraft Memorial Hospital that my employment is at will and may be terminated at any time, with or without notice and with or without cause, at the option of the Hospital.

I understand that I will be subject to the policies, rules and regulations and behavioral standards established by the Board of Trustees and the Hospital, and that all policies, benefits, rules, regulations and standards are subject to change at any time.

I understand that any misstatements in or omissions from this application constitute cause for denial of employment or cause for dismissal. All information submitted by me in this application is true to the best of my knowledge and belief.

I authorize the references listed in this Employment Application, and any prior employer, educational institution, or any other persons or organizations to give Schoolcraft Memorial Hospital any and all information concerning my previous employment, educational accomplishments, disciplinary information and any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this Hospital. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

This application is considered current for a period of six months. At the conclusion of this time, if I have not heard from the Hospital and still wish to be considered for employment, it will be necessary to contact the Human Resources Department to express my continued interest in employment opportunities at Schoolcraft Memorial Hospital.

Signature of Applicant: _____ Date: _____

Please Print Name: _____

Thank you.