

APPLICANT INFORMATION

Name _____
 Last First Middle

Present Address _____ Phone Number _____
 Street City State Zip Code

Permanent Address _____ Phone Number _____
 Street City State Zip Code

If you cannot be reached at the above phone number, where may we contact you? Phone _____ Name of Person _____

EDUCATION/TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date ___/___/___	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date ___/___/___	
Other Class/Training				

Extracurricular/other Activities _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying.

DESIRED POSITION

Type of Work Desired	Shift	Salary

Type of Employment Preferred:

How Did You Learn Of This Opening? _____

Full time Part time Temporary

Date Available _____

If Under 18 Yrs. of Age, Do You Have a Work Permit? Yes No

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed					
	From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary		
			\$	\$		
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities						
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name	Dates Employed			
	From	Month	Year	To
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities

May we contact for reference?
 Yes No

Company Name	Dates Employed			
	From	Month	Year	To
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities

May we contact for reference?
 Yes No

Company Name	Dates Employed			
	From	Month	Year	To
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities

May we contact for reference?
 Yes No

Company Name	Dates Employed			
	From	Month	Year	To
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities

May we contact for reference?
 Yes No

Have you ever been convicted of a crime? Yes No If so, for what, when and where? _____

Under Michigan law, some convictions may limit eligibility to work in a skilled nursing facility. If any conviction is listed above, please additional information. _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

MILITARY RECORD				
Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Speciality

Specialized Training: _____

List Service Awards, Commendations: _____

REFERENCES			
Name And Relationship	Title	Company Name & Address	Telephone

Please Indicate Days and Hours You Are Available for Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends Yes No Holidays Yes No

Rotating Shifts Yes No On Call Yes No

Schoolcraft Medicare Care Facility does not discriminate on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or any other protected category unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand that certain conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator. If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment

I consent to Schoolcraft Medical Care Facility investigating my past employment and activities, and I agree to cooperate in such investigation. I further release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations or drug screening as may be required by Schoolcraft Medical Care Facility at such times and places as the institution shall designate. I understand that any offer of employment may be contingent on passing any physical examination or drug screening, which relates to the essential duties I would be required to perform.

I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (1-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date