

## APPLICANT INFORMATION

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

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
                                     Street                      City                      State                      Zip Code

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
                                     Street                      City                      State                      Zip Code

## 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	_____
	_____			
Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____			
Other Class/Training _____				

Professional Organizations' Membership, Honors Received, Volunteer or Community Service Activities

\_\_\_\_\_

\_\_\_\_\_

## DESIRED POSITION

Type of Work Desired	Shift	Salary
_____	_____	_____

Type of Employment Preferred:  
 Check all that apply

How Did You Learn  
 Of This Opening? \_\_\_\_\_

Full time      Part time      Temporary

Date Available \_\_\_\_\_

## EMPLOYMENT HISTORY

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

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

Company Name	Dates Employed		
	Month	Year	
Address (Street, City, State, Zip Code)	From	To	Month Year
Position Title	Immediate Supervisor's Name and Title		
Job Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name	Dates Employed		
	Month	Year	
Address (Street, City, State, Zip Code)	From	To	Month Year
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		
	Month	Year	
Address (Street, City, State, Zip Code)	From	To	Month Year
Position Title	Immediate Supervisor's Name and Title		
Job Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name	Dates Employed		
	Month	Year	
Address (Street, City, State, Zip Code)	From	To	Month Year
Position Title	Immediate Supervisor's Name and Title		
Job Responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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 provide additional information.

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type	Issued By	Date Issued	Number
Type	Issued By	Date Issued	Number
Type	Issued By	Date Issued	Number

**MILITARY RECORD**

Military Branch	Rank	Separation Date(s)	Military Occupational Speciality
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Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

**REFERENCES**

Name And Relationship	Title	Company Name & Address	Telephone

**AVAILABILITY INFORMATION**

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

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**Schoolcraft Medical Care Facility**  
**Manistique, MI**  
*Family Taking Care of Families*

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 my availability status changes, it is my responsibility to notify my department head or the administrator. Such changes will be effective for any continuing or future employment.

I consent to Schoolcraft Medical Care Facility investigating my past employment and activities, and I agree to cooperate in such investigations. I further release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that employment with Schoolcraft Medical Care Facility requires a background investigation which may include but not be limited to past employment, activities, education, criminal investigation, and finger-printing as required by state or federal law.

I consent to take a physical examination which relates solely to my ability to perform the essential functions of my position. This consent includes drug screening or future physical examinations 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 a required physical examination and drug screening.

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