

# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security Number \_\_\_\_\_

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

Permanent Address (if Different than Present Address) \_\_\_\_\_  
Street City State Zip Code Phone Number \_\_\_\_\_

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

## Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of:  Full Time?  Part Time?  Temporary?

Are You 18 Yrs. of Age or Older?  Yes  No

Are You Employed Now?  Yes  No

May We Contact Your Present Employer?  Yes  No

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

## Education

Circle Highest Grade Completed      8   9   10   11   12      Scholastic Honors Received \_\_\_\_\_  
 13   14   15   16

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="margin-left: 100px;">Date</small>	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month   Day   Year Month   Day   Year

## Professional Licenses and/or Certifications

Verif.

Type	Organization or State Issued	Date Issued	Number	

**Employment Record (list last or present position first).**

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_

**Employment Understanding (Please Read and Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability 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 voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and 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 as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also 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 (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	Do you limit your annual earnings due to Social Security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state what is the maximum amount you wish to earn _____
	P.M.	P.M.	
Wednesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
	P.M.	P.M.	
Thursday	A.M.	A.M.	I understand that emergency 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 of this institution.
	P.M.	P.M.	
Friday	A.M.	A.M.	_____ Applicant's Signature
	P.M.	P.M.	
Saturday	A.M.	A.M.	_____ Date
	P.M.	P.M.	

# IRON COUNTY MEDICAL CARE FACILITY

1523 Highway US 2  
Crystal Falls, MI. 49920

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## REFERENCE REQUEST FORM

Supervisors Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dear Employer,

This is a request for information concerning a present/former employee, \_\_\_\_\_, that has applied for a position with our facility. It would be greatly appreciated if you would take a moment to answer a few questions regarding this employee.

This applicant states their position held with your company was \_\_\_\_\_ and their period of employment was from \_\_\_\_\_ to \_\_\_\_\_.

\*

\_\_\_\_\_  
**Signature of Applicant**

\*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Person making request – Title

\_\_\_\_\_  
Date

### PLEASE USE THE FOLLOWING RATING SYSTEM IN REFERENCE TO THE APPLICANT

1 = POOR 2 = BELOW AVERAGE 3 = AVERAGE 4 = ABOVE AVERAGE 5 = EXCELLENT

1. Attendance & Punctuality \_\_\_\_\_
2. Initiative \_\_\_\_\_
3. Work Ethic \_\_\_\_\_
4. Courtesy \_\_\_\_\_

5. Team Work \_\_\_\_\_
6. Quality of Work \_\_\_\_\_
7. Quantity of Work \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time in answering these questions – Please return in the envelope provided ASAP, so there is no delay in our decision regarding this applicant.

\* **Applicant sign and date only**

Approved: 01/27/97