

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire)

SANILAC MEDICAL CARE FACILITY

137 N. Elk Street, Sandusky, MI 48471
Phone: (810) 648-3017 **FAX: (810) 648-4912**

Sanilac Medical Care Facility (SMCF) offers equal employment opportunity to all qualified persons, without regard to race, religion, color, national origin, age, sex, height, weight, familial status, marital status, disability, or any other characteristic protected by law. Assistance will be provided to you in completing this application and/or job interview upon request.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ___Yes ___No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
___Yes ___No

Have you ever been terminated from employment or asked to resign by an employer? ___Yes
___No

If yes, please provide company names and details _____

Can you work any shift? ___Yes ___No If no, explain: _____

Can you work overtime, including weekends? ___Yes ___No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___Yes ___No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ___ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before? ___ Yes ___ No

Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	

Immediate supervisor and title	Summarize the nature of work performed and job responsibilities
Reason for leaving	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

PHYSICAL RECORD: Do not answer this question unless you have been informed about the requirements of the job for

which you are applying. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED / APPLYING FOR? O YES O NO

If yes, what can be done to accommodate your limitation?

INCREASE OF EMERGENCY PLEASE NOTIFY:

NAME **RELATIONSHIP** **PHONE NO.**

Please read carefully before signing.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL.

I AUTHORIZE SANILAC MEDICAL CARE FACILITY AND ITS AGENTS TO INVESTIGATE ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE, INCLUDING RECORDS OF ANY FORMER EMPLOYERS, EDUCATIONAL INSTITUTIONS, POLICE DEPARTMENTS, CREDIT OR CONSUMER REPORTS, AND ANY OTHER REFERENCES OR SOURCES RELATED TO THIS APPLICATION. I AUTHORIZE ALL SUCH REFERENCES AND SOURCES TO RELEASE THIS INFORMATION WITHOUT LIABILITY FOR DAMAGE INCURRED IN PROVIDING IT, FURTHER, I RELEASE SANILAC MEDICAL CARE FACILITY AND ITS AGENTS FROM LIABILITY AND DAMAGES RELATED TO OR ARISING OUT OF ANY REASONABLE BACKGROUND INVESTIGATIONS.

I UNDERSTAND THAT AN OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON MY ABILITY TO DEMONSTRATE MY LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES. I UNDERSTAND THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

DATE: SIGNATURE

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.