



SANILAC MEDICAL CARE FACILITY

Phone: (810) 648-3017

FAX: (810) 648-4912

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

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 # _____ Cell 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

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 _____

Status desired Full-time Part-time Casual

Are you currently employed, and 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 SMCF before? ___ Yes ___ No Explain _____

Do you know anyone who works for SMCF? (for conflict-of-interest purposes only) ___ Yes ___ No

If yes, who? _____

| EDUCATION | Name and location of school | Degree | Field of Study |
|------------------------------------------|-----------------------------|--------|----------------|
| High School | | | |
| College or University | | | |
| Trade, Business or Correspondence School | | | |

| MILITARY | Branch | Dates of Service |
|----------|--------|------------------|
| | | |

EMPLOYMENT HISTORY Include your last seven (7) years of employment history

| | | | |
|--------------------------------|----|-----------------------------------------------------------------|-----------|
| | | | |
| 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.

List all states in which you are or have been licensed or certified. Indicate professional license, registration, or certification number(s). (Attach copies if available.) _____

REFERENCES

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

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

Please read carefully before signing.

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any false, misleading, or incomplete information may result in disqualification from consideration or, if employed, immediate termination.

I understand that submission of this application does not create a contract of employment. If hired, my employment will be **at-will**, meaning that either I or the employer may terminate the employment relationship at any time, with or without cause or notice, in accordance with applicable law.

I understand that, if I am offered employment, I may be required to undergo a background check and will be asked to complete a separate authorization form.

I understand that any offer of employment is contingent upon my ability to provide proof of legal authorization to work in the United States and compliance with applicable Michigan long-term care employment requirements, including applicable criminal history and registry checks.

Date: _____ Signature: _____

“AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER”