

SHIAWASSEE HEALTH & WELLNESS

APPLICATION FOR EMPLOYMENT

Shiawassee Health & Wellness considers all qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, handicap, or any other legally protected status.

Please Print

Date: _____ Desired Position: _____

Date available: _____ Salary Desired: _____

A. PERSONAL INFORMATION

Name _____

Street _____

City _____ State _____ Zip Code _____

Cell Phone # _____

Alternate Phone # _____

B. WORK ELIGIBILITY

Are you 18 years of age or older? Yes _____ No _____

Do you have a High School Diploma or equivalent? Yes _____ No _____

Are you eligible to work in the United States? Yes _____ No _____

Do you have a valid drivers license? Yes _____ No _____

Are you able to work: Nights _____ Weekends _____ Holidays _____

What other special training or skills do you have (additional spoken or written languages, computer software knowledge, etc)? _____

Have you ever been convicted of, pled guilty to, or pled no contest to a felony?
Yes _____ No _____ If yes, please explain _____

Note: Conviction of a crime or pleading guilty to a criminal charge will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

Have you ever applied for employment/worked with us? Yes_____ No _____
 If so, please explain: _____

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation? Yes____ No_____

Note: Any employee having a disability for which he/she needs accommodations under Michigan Law only, must advise the Employer within 180 days, in writing, of the need for such accommodations.

C. EDUCATION

School Name and Location	Years Attended	Course of Study/Degree	Grad. Date

D. EMPLOYMENT HISTORY

If a resume is attached containing the information requested below, respond to Part I only for each employer.

Have you submitted a résumé? Yes No

Please provide us with an accurate and complete account of your past employment. Start with your present or most recent employer. Include military experience if applicable.

Part I (Information must be provided by all applicants)
 Company Name: _____ City: _____ State: _____
 Job Title: _____
 Employed (Month/Year) From: _____ To: _____
 Reason for leaving: _____
 May we contact this employer? Yes: ____ No: ____
 If not, why? _____

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Part II (To be completed if information has not been provided in a résumé)
 Job Summary: _____

Part I (Information must be provided by all applicants)

Company Name: _____ City: _____ State: _____

Job Title: _____

Employed (Month/Year) From: _____ To: _____

Reason for leaving: _____

May we contact this employer? Yes: ____ No: ____

If not, why? _____

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Part II (To be completed if information has not been provided in a résumé)

Job Summary: _____

Part I (Information must be provided by all applicants)

Company Name: _____ City: _____ State: _____

Job Title: _____

Employed (Month/Year) From: _____ To: _____

Reason for leaving: _____

May we contact this employer? Yes: ____ No: ____

If not, why? _____

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Part II (To be completed if information has not been provided in a résumé)

Job Summary: _____

Part I (Information must be provided by all applicants)

Company Name: _____ City: _____ State: _____

Job Title: _____

Employed (Month/Year) From: _____ To: _____

Reason for leaving: _____

May we contact this employer? Yes: ____ No: ____

If not, why? _____

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Part II (To be completed if information has not been provided in a résumé)

Job Summary: _____

E. CONDITIONS OF EMPLOYMENT

- Following our standards of professionalism
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Being honest and dedicated in your work
- Using proper phone etiquette
- Completing necessary training requirements
- Following company policies, procedures, & work rules
- Assisting consumers in meeting goals and objectives
- Following directions
- Meeting standards of work quality and quantity
- Maintaining a professional appearance (as defined by supervisor)
- Accepting a work schedule that may include nights, holidays and weekends
- Complying with Recipient Rights Policies
- Complying with the Michigan Mental Health Code

Are you willing and able to comply with all the requirements listed above?

Yes: _____ No: _____

If your answer is no, or you have concerns about being able to comply with any of these requirements, please explain: _____

E. CERTIFICATION AND AUTHORIZATION OF APPLICANT
(Read Carefully Before Signing)

I certify that the information in this application and accompanying résumé is true. I also agree and understand that misrepresentation, false or omitted facts may disqualify me from further consideration for employment and may be considered justification for my termination if discovered at a later date.

I authorize Shiawassee Health & Wellness (or its agents) to contact my present and past employers and other sources necessary to verify the information on my application. I request and authorize any person or institution with any records or information regarding my employment, education, or criminal history, including information that might otherwise be considered privileged or confidential, to Shiawassee Health & Wellness (or its agents). Furthermore, I hereby release all parties from all liability for any claims and damages that may result from furnishing this information to Shiawassee Health & Wellness (or its agents).

Signature: _____ Date: _____

Printed Name: _____

Name of Applicant _____

EMPLOYMENT REFERENCES

**Please list three (3) references, indicating whether personal, work related or educational.
Do not include references from relatives.**

Type of Reference: Work Personal Educational

Name _____

Address _____

Phone Number _____

Type of Reference: Work Personal Educational

Name _____

Address _____

Phone Number _____

Type of Reference: Work Personal Educational

Name _____

Address _____

Phone Number _____