

APPLICATION FOR EMPLOYMENT

MEADOW BROOK MEDICAL CARE FACILITY

Have you ever filed an application with us before? ____ Yes ____ No
If yes, when _____

POSITION APPLIED FOR:

Name (last, first, middle)		
Address (street, city, state, zip code)		How Many Years?
Telephone		
Previous Address (street, city, state, zip code)		How Many Years?
Specify any days or times you are NOT available for work:	What shift(s) ARE you willing to work?	
Salary Expectation: \$ _____ Per	Date Available for Work:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Have you ever been employed by Meadow Brook Medical Care Facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Started ____ / ____ / ____	Date Left ____ / ____ / ____	
In what department?	In what position?	Reason for leaving:
Are you a U.S. citizen?	If you are not a U.S. citizen, do you have a legal right to remain permanently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If employed, can you submit verification of your legal right to remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What prompted your application?		
Do you have a telephone at your place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY SERVICE

Service:	Branch:	Dates of Service:
Were you honorably discharged?		Reserve Status:
Describe any specialized training and duties:		

"An Equal Opportunity Employer"

EMPLOYMENT HISTORY – List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer ALL inquiries. “See *resume*” is NOT acceptable.

Employer's Name		Dates (month and year): From To	
Address (street, city, state, zip code)		Telephone: / /	
Supervisor (name and title)	Your Title		Salary
Duties and Responsibilities			
Reason for Leaving			
Employer's Name		Dates (month and year): From To	
Address (street, city, state, zip code)		Telephone: / /	
Supervisor (name and title)	Your Title		Salary
Duties and Responsibilities			
Reason for Leaving			
Employer's Name		Dates (month and year): From To	
Address (street, city, state, zip code)		Telephone: / /	
Supervisor (name and title)	Your Title		Salary
Duties and Responsibilities			
Reason for Leaving			
Employer's Name		Dates (month and year): From To	
Address (street, city, state, zip code)		Telephone: / /	
Supervisor (name and title)	Your Title		Salary
Duties and Responsibilities			
Reason for Leaving			

Are you currently on layoff status and subject to recall? Yes No

Have you ever been discharged by an employer or resigned in lieu of discharge? Yes No

Have you ever been disciplined (other than discharged) by an employer? Yes No

If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

How much time have you missed from work in the past twelve months? _____

Do you have a valid drivers license? Yes No

EDUCATION

SCHOOL	LOCATION	DEGREES
High School		
Business School		
College/University		
Trade/Vocational School		
Extracurricular activities and honors received in school		

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

Have you ever had any professional license or certification placed under investigation, disciplines, suspended, revoked or put on probation? Yes No

Have you ever been denied a license or certification? Yes No

If you answered yes to either above questions, explain in detail on an attached signed statement.

MISCELLANEOUS

Have you ever been subjected to a not guilty by reason of insanity order or disposition? Yes No

Have you ever been subject to a substantiated finding of abuse, neglect or misappropriation? Yes No

Do you have any felony or misdemeanor charges pending against you? Yes No

Have you ever been convicted or pled guilty or nolo contendere to a crime? Yes No

If you answered yes to any of the preceding questions, explain by giving the date, nature of the offense and circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.

Are you 18 years of age or older? Yes No

Are you able to perform the duties of the job for which you have applied? Yes No

CERTIFICATION

I understand that I will be required to submit to a physical examination and drug testing prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I consent that Meadow Brook Medical Care Facility will conduct a criminal history check on me that includes the review and obtainment of State Police records, fingerprints and an FBI background check. This consent has been granted pursuant to my receipt of a good faith offer of employment or contract. I also agree to provide personal identification acceptable to the Michigan State Police.

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards, law enforcement agencies and current and previous employers to release any requested information to Meadow Brook. I also specifically waive written notice from any and all former employers regarding their disclosure to Meadow Brook of any prior disciplinary action and waive any claim against Meadow Brook and current or former employers arising from such investigation or disclosure. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, and immediate dismissal at the sole discretion of Meadow Brook.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized representative of Meadow Brook and by me or my authorized representative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of Meadow Brook regardless of any contrary provisions in any other forms, manuals, handbooks or other documents. Similarly, such employment shall be at the wages, benefits, hours and conditions as Meadow Brook may determine and change from time to time and I agree to abide by any rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized representative of Meadow Brook has any authority to enter into an agreement with me contrary to the provisions of this paragraph and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

It is with full understanding and agreement with the provisions of the Certification that I will accept any employment offered to me.

(Print Name)

(Signature of Applicant)

(Date)



**Meadow
Brook**
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ANTRIM COUNTY
MEDICAL CARE FACILITY

Applicants,

We are an Equal Opportunity Employer, and we need to gather the following information, from our applicants. Please circle one.

Male or Female

African American

Hispanic

Asian

American Indian

Alaskan Native

White

You do have the choice not to answer if you wish. Thank you for your help and cooperation.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you unless your employer, or prospective employer, has your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in the institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051