

APPLICATION FOR EMPLOYMENT

MEADOW BROOK MEDICAL CARE FACILITY

Meadow Brook Medical Care Facility is an Equal Opportunity Employer. Meadow Brook is committed to equal employment opportunity and prohibits discrimination based upon race, color, religion, sex, pregnancy, national origin, age, gender identification, sexual orientation, disability, marital status, height, weight, or any other status protected by applicable local, state and/or federal law.

Reasonable Accommodations for Disabilities Under Michigan Law. Applicants and employees have 182 days from the date they know or should know that an accommodation is needed to submit a written request for such an accommodation. If you need an accommodation, submit your written request to the Administrator.

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)

Telephone / Cell Phone

Previous Address (street, city, state, zip code)

Are you legally authorized to work in the United States? Yes No

Are you over 18 years of age? Yes No

Specify any days or times you are NOT available for work:	What shift(s) ARE you willing to work?
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Salary Expectation: \$ Per	Date Available for Work:	Employment Status: Full Time Part Time
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What prompted your application?

PRIOR FACILITY EMPLOYMENT

Have you ever been employed by Meadow Brook Medical Care Facility? Yes No

Date Started	Date Left
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In what department?	In what position?	Reason for leaving:
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U.S. MILITARY SERVICE

U.S. Branch of Service:	Job Specialty:	Highest Rank Held:
Dates of Service:		Reserve Status:
Reason for Discharge*:		
Describe any specialized training and duties:		

**A less-than-honorable discharge is not an absolute bar to employment, depending on the nature of the job sought. Further, a medical discharge will have no impact on your employment chances unless you are unable to perform the essential functions of the job for which you have applied with or without a reasonable accommodation.*

EMPLOYMENT HISTORY – List your last four employers, or all employers for the last ten years, whichever is greater. Also list and explain any period(s) of unemployment in the space provided below on page 5. 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
OK to contact this employer? Yes	No		
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
OK to contact this employer? Yes	No		
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
OK to contact this employer? Yes	No		
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
OK to contact this employer? Yes	No		
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, in the space provided on Page 5 below.

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

Do you have a valid driver's license? Yes No

EDUCATION

SCHOOL	LOCATION	DEGREE(S) & GPA
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 in the space provided on Page 5.

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 by a governmental regulatory body? Yes No
Do you have any felony charges pending against you? Yes No
Have you ever been convicted or pled guilty or nolo contendere to a crime? * Yes No
<i>*If you answered yes to any of the preceding questions, explain by giving the date, nature of the offense and circumstances in the space provided on Page 5. Conviction of a crime will not necessarily disqualify an applicant from employment.</i>
Are you 18 years of age or older? Yes No
Are you able to perform the essential functions of the job for which you have applied with or without a reasonable accommodation? Yes No

Use this space to provide additional comments about past periods of unemployment and any other details required by your responses to the questions above:

A large, empty rectangular box with a black border, intended for providing additional comments or details. The box is currently blank.

CERTIFICATION

(CAREFULLY READ THE PARAGRAPHS BELOW BEFORE SIGNING)

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 understand that employment with Meadow Brook Medical Care Facility requires that Meadow Brook conduct a criminal history check on me that includes the review and obtainment of State Police records, fingerprints and an FBI background check. As such, I agree to provide the requisite consent for Meadow Brook's criminal history check upon receipt of a good faith offer of employment. I also agree to provide personal identification acceptable to the Michigan State Police when requested.

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 that in the State of Michigan, disabled applicants and employees should notify Meadow Brook, in writing, of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. I also understand that failure to properly notify Meadow Brook will preclude any claim under the Michigan Persons With Disabilities Civil Rights Act that Brome failed to accommodate the disability.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by the Meadow Brook Administrator 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 the Meadow Brook Administrator 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 the Meadow Brook Administrator 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)

(Electronic Signature of Applicant)

(Date)