

Application of Employment

The Michigan Civil Rights Act and/or federal law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, weight, or marital status. Lake Superior Hospice is an equal opportunity employer and does not discriminate on the basis of any of these or any other legally protected category or medical condition.

please print neatly

Name: _____ Date: _____

Address: _____
(City) (State) (Zip)

Telephone: _____ Email: _____

Position Desired (1) _____ (2) _____

Date Available: _____ Expected wage: _____ / hour

Status (check all that apply) Full Time Part Time Irregular Part Time
 Temporary or Summer (From ____/____/____ to ____/____/____)

Minimum number of hours you would like to work per week _____

Can you work the weekend? Yes No Can you work Holidays? Yes No

Are there any days or hours that you cannot work? Yes No

If yes, please list them and explain: _____

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No

If no, do you have the legal right to work and remain in the United States? Yes No

Visa Type: _____

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? Yes No

If yes, please explain: _____

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No

If yes, please explain: _____

(Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness and nature of violation, position applied for and rehabilitation will be considered.)

Have you previously worked for Lake Superior Hospice? Yes No

Have you ever worked or attended school under another family/maiden name? Yes No

If yes, please indicate name: _____

Do you have reliable transportation? Yes No

EMPLOYEMENT HISTORY

Please list past employment beginning with present or last employer.

1. Present or Last Employer _____ Position held _____

(Address) (City) (Zip) () (telephone)

Dates of Employment From _____ to _____ May we contact? Yes No

Name of Supervisor _____ Dept. _____ Wage _____
Reason for leaving _____

2. Present or Last Employer _____ Position held _____

(Address) (City) (Zip) () (telephone)

Dates of Employment From _____ to _____ May we contact? Yes No

Name of Supervisor _____ Dept. _____ Wage _____
Reason for leaving _____

3. Present or Last Employer _____ Position held _____

(Address) (City) (Zip) () (telephone)

Dates of Employment From _____ to _____ May we contact? Yes No

Name of Supervisor _____ Dept. _____ Wage _____
Reason for leaving _____

REFERENCES

(Please list three people who could be contacted as character references other than relatives)

1. _____
(Name) (Occupation) (Address) (Phone)

2. _____
(Name) (Occupation) (Address) (Phone)

3. _____
(Name) (Occupation) (Address) (Phone)

IN CASE OF AN EMERGENCY, NOTIFY: _____

EDUCATIONAL DATA:

Grade/High School (Name/address) _____
highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

College/University (Name/address) _____
highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
degree(s)/ Title(s) earned _____

Other pertinent training _____

Foreign Language _____ Understand _____ Read _____ Speak _____

LIFE EXPERIENCE:

Describe your own life experiences and feelings about death and dying and how care should be provided to the terminally ill. _____

REASONS FOR APPLICATION TO LAKE SUPERIOR HOSPICE

Please indicate your reasons for application to this hospice program. Include talents and interests which make you suited for this type of work. _____

CERTIFICATION AND AUTHORIZATION
APPLICANT PLEASE READ CAREFULLY

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize Lake Superior Hospice and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at Lake Superior Hospice, I also release Lake Superior Hospice from any liability, claims, or damages for issuing such information in good faith and without malice to other individuals/institutions who have a legitimate and common interest in the subject matter.

I realize that falsification or omission of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application or if I am offered employment, discharge at any time during my employment. I also understand that nothing in the application is intended to imply or create an employment relationship or contract for employment.

If offered employment, I will submit to any medical examinations and drug tests deemed necessary by Lake Superior Hospice to evaluate my physical and mental fitness for employment. If employed, I will submit to any physical or mental examination deemed necessary by Lake Superior Hospice to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law. If employed, I agree to observe at all times all rules and regulations.

I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses as listed below:

1. attempt or conspiracy to commit a felony;
2. misdemeanor, involving abuse, neglect, assault, battery or criminal sexual conduct involving fraud or theft against a vulnerable adult as defined in Section 145m of the Michigan Penal Code

I will notify this employer in writing within twenty-four (24) hours of the event.

I authorize Lake Superior Hospice to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature Lake Superior Hospice and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in Lake Superior Hospice's discretion, any investigation conducted by Lake Superior Hospice. I further authorize Lake Superior Hospice to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

Signature of Applicant: _____ **Date:** _____
(Do Not Print)

I have resided in the State of Michigan for three (3) years immediately preceding the date of this application: Yes
 No

If you respond no, when did you move to the state of Michigan? Month: _____ Year: _____

Signature of Applicant: _____ **Date:** _____

FOR HUMAN RESOURCE USE ONLY

Name: _____ Department: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Irregular Part Time	Starting Date: _____ Rate of Pay: \$ _____ per hour Years of experience: _____
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