



916 Myrtle Avenue • Sturgis, MI 49091-2391 269/651-7824

APPLICATION FOR EMPLOYMENT

Sturgis Hospital is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, genetic information (including family medical history), marital status, height, weight, arrest record, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Sturgis Hospital will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application _____

PLEASE PRINT

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Cell Number/Alternate Phone _____

Position(s) Desired _____ Salary Expected _____

Are you available to work: Full Time Part Time
 On-Call Overtime
 Temporary Permanent

Shift desired: Day Evening Night
Would you work any other shift? Yes No
Are you available weekends? Yes No
On-Call basis? Yes No

On what date would you be available to work? _____

List any days and time you are not available to work _____

Are you on a lay-off and subject to recall? Yes No

Have you filled an application here before: Yes No
If yes, give date(s) _____

Have you ever been employed here before: Yes No
If yes, give date(s) _____

Do you have any relatives or friends employed here? Yes No

If yes, please list them by name and relationship _____

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, military service, or other endeavor.

List specific skills or office machines, tools, machinery, or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying.

Why did you apply for a position at Sturgis Hospital? _____

Why do you think you would make a valuable employee of Sturgis Hospital? _____

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied?

Yes No

Are you 18 years of age or older?

Yes No

Have you been convicted of or plead guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify applicant from employment)

Yes No

If yes, please explain _____

Education

Type of School	Name of School City/State	No. Years Completed	Graduate		Course/ Degree
			Yes	No	
Grade School					
Junior High					
Senior High					
College					
Business/Trade/ Technical					
Correspondence Or Special School					

PROFESSIONAL LICENSE/CERTIFICATES:

TYPE	STATE ISSUED	LICENSE NO.

PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
 Name Address Telephone No. Occupation

2. _____
 Name Address Telephone No. Occupation

3. _____
 Name Address Telephone No. Occupation

EMPLOYMENT RECORD

Starting with your current or most recent job, list your employment experience. For reference checking purposes, if you were employed under a maiden name or other name, please provide that name. You may include job-related military service assignments that reflect your qualifications for employment. **Do not omit any employment.**

Employer <hr/> Address <hr/> Telephone _____ Job Title <hr/> Immediate Supervisor	Employment Dates From To <hr/> Salary/Hourly Rate Starting: Final:	Kind of Work Performed
Employer <hr/> Address <hr/> Telephone _____ Job Title <hr/> Immediate Supervisor	Employment Dates From To <hr/> Salary/Hourly Rate Starting: Final:	Kind of Work Performed
Employer <hr/> Address <hr/> Telephone _____ Job Title <hr/> Immediate Supervisor	Employment Dates From To <hr/> Salary/Hourly Rate Starting: Final:	Kind of Work Performed

If you need additional space, please continue on a separate piece of paper.

May we contact the employers listed above? Yes No

If no, indicate which one(s) you do NOT wish us to contact, and state the reason why you prefer we do not contact the employer(s).

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please state the employer and dates of employment. _____

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph).

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary at an employment decision. In making this application for employment, I understand that a Background Verification may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, mode of living, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to Sturgis Hospital, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Sturgis Hospital, concerning me or any action Sturgis Hospital takes on the basis of such information.

_____ I understand that if I am offered a job as a condition of beginning my employment, I will be required to undergo a physical examination and drug screen (presence of alcohol, marijuana, prescription and/or controlled substances). I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to my as may be necessary in conjunction with that examination and related considerations. Employees will be required to sign a consent form for same.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Sturgis Hospital is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Sturgis Hospital, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Sturgis Hospital material do not create any guarantee of employment and that Sturgis Hospital has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Sturgis Hospital, other than the Administrator, has the authority to enter into any agreement for any specific period of time or any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Sturgis Hospital.

Date: _____

Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER SIX MONTHS.



916 Myrtle Ave., Sturgis, MI 49091 (269)659-4440

CONSENT FOR RELEASE OF INFORMATION

Please release any information necessary to my securing a position at Sturgis Hospital.

_____ I am giving my consent by initialing _____
Applicant's Name

THIS REQUEST FOR REFERENCE WILL BE MADE BY STURGIS HOSPITAL UPON RECEIPT OF SIGNATURE

REFERENCE REQUEST

The person named below has applied for employment at Sturgis Hospital. Your name has been given as a personal reference. Please return this form by **mail, or fax to 269-659-6713 or e-mail to resume@sturgishospital.com** to the attention of Human Resources. The information will be considered confidential.

Thank you for your assistance.

_____ Human Resources Department

Applicant's Name:		Date:	
RATING	Above Average	Average	Below Average
Reliability			
Honesty			
Attitude			
Conduct			

_____ Signature _____ Date _____ Print Name _____ Title _____

COMMENTS:



916 Myrtle Ave., Sturgis, MI 49091 (269)659-4440

CONSENT FOR RELEASE OF INFORMATION

I have applied for employment with Sturgis Hospital. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you reply to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment with you.

Thank you for your assistance.

_____ I am giving my consent by initialing _____

Applicant's Name

THIS REQUEST FOR REFERENCE WILL BE MADE BY STURGIS HOSPITAL UPON RECEIPT OF SIGNATURE

REFERENCE REQUEST

Applicant Name:		Date:	
Maiden Name: (if used for prior employment)			
To Be Completed By Previous Employer:			
Position Held:			
Dates from		to	
Reason for leaving:			
Would you rehire?			
Please return this form by fax 269-659-6713 or by e-mail to resume@sturgishospital.com			
RATING	Above Average	Average	Below Average
Attendance			
Performance			
Conduct			
Attitude			

Signature Date Print Name Title

COMMENTS:
