

BRIGHTON HOSPITAL

12851 East Grand River
Brighton, Michigan 48116 – (810) 227-1211

APPLICATION FOR EMPLOYMENT



NAME/Last, First, Middle

POSITION

DATE

We offer equal employment opportunity to all based upon individual merit and do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, height or weight, unless required to do so by law or bona fide occupational qualification. The questions on this application form are intended to be non-discriminatory in nature and applicants are not required to submit any information which could be used for discriminatory purposes.

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

NAME _____ DATE _____
Last First Middle Initial

Please indicate any other name you have had which would be required to check your work record _____

ADDRESS _____
Number Street City State Zip Code

HOME TELEPHONE NO. () _____ OTHER TELEPHONE NO. () _____

SOC. SEC. # _____ Are you over 18 years of age? Yes No
Are you a U.S. citizen? Yes No If no, have you the legal right to remain permanently in the U.S.? Yes No

Name of person, address and telephone number to contact in case of emergency _____

Extracurricular Activities (athletics, clubs, offices held, etc.) Exclude any groups that would indicate race, religion, creed, color, origin or ancestry

Have you ever been refused a bond? _____ If yes, please explain _____

List names of professional associations/societies to which you belong, offices held, honors, etc. (Exclude any groups that would indicate race, religion, creed, color, origin, or ancestry) _____

Have you ever been convicted of anything other than minor traffic violations? Yes No

If "Yes" please explain: _____

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: 1. _____ 2. _____

STATUS DESIRED: Full-Time Part-Time Temporary Until _____ Date Available for Work _____

DAYS AVAILABLE FOR FULL OR PART-TIME WORK: Whatever Days Job Requires Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

SHIFT(S) AVAILABLE: First (Days) Second (Afternoons) Third (Nights) Any

SHIFT(S) PREFERRED: First (Days) Second (Afternoons) Third (Nights) Any

HAVE YOU EVER BEEN EMPLOYED BY THIS HOSPITAL? (WHEN?) _____

RELATIVES EMPLOYED IN THE HOSPITAL: _____

To your knowledge, do you have any physical limitations or handicaps that might prevent you from properly performing the work required in the position for which you have been employed? () Yes () No. If yes, what accommodations would you require to perform the duties of the position? _____

EDUCATION AND TRAINING

SCHOOL	NAME	ADDRESS	Diploma or Degree Rec'd. & Major	Year Grad.
HIGH SCHOOL				X
COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
NURSING/ OTHER SCHOOL				

Please list any work training programs, seminars, extra curricular activities, or any other educational experiences relevant to the position(s) applied for:

Currently taking course(s) Yes No

EXPERIENCE

(List Last or Present Position First)

List all relevant experience, including paid employment, volunteer work or work in the U.S. Armed Forces.

DATES From	To	NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

State title and describe in detail the work you did.

DATES From	To	NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

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State title and describe in detail the work you did.

Indicate any of the above employers you do not want us to contact _____

PROFESSIONAL SKILLS AND LICENSURE

Typing _____ WPM Office, Hospital or Industrial Equipment Skilled to Operate _____
 Shorthand _____ WPM _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NO.

FOREIGN LANGUAGE SKILLS, INCLUDING SIGNING (those which could be useful in the position(s) applied for)

LANGUAGE	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

REFERENCES

List three references (not relatives or former employers):

1.	Name	Address	Phone No.	Occupation
2.	Name	Address	Phone No.	Occupation
3.	Name	Address	Phone No.	Occupation

CERTIFICATION

I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for the positions for which I am applying.

I authorize former employers, schools and other references to release any information required to determine my qualifications for the positions for which I am applying and hereby release all individuals and organizations from any liability or damages on account of having furnished such information. I waive any right under Public Act 397 of 1978 to receive written notice from this hospital or former employers that such information has been released.

I understand and agree that I will be required to complete a drug/alcohol screen prior to my employment that may conflict with duties at Brighton Hospital and my employment/continued employment will be contingent on the results.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my position unfavorably. I agree not to take other employment for compensation without approval of Brighton Hospital.

I further agree to preserve in strictest confidence any information concerning Brighton Hospital or its members which may come to my knowledge incident to my employment. I understand that all appointments to a position in Brighton Hospital are for a trial period and, if it appears after a reasonable period of time that I am not adapted to the work assigned to me, my employment may be terminated. I also understand that any false information submitted in this Fact Sheet may result in my discharge. I further agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or myself. I acknowledge that no statements made to me in the future will change the fact that my employment is for an indefinite term and that I can be terminated without cause unless such statement is in writing signed by my employer. All rules, employment, terms, and compensation will be met in accordance with the bargaining unit contract as appropriate.

I understand that any offer of employment is conditioned upon my providing the required documentation and completion of the Immigration Reform and Control Act of 1986 form I-9.

DATE _____ SIGNATURE OF APPLICANT _____

**BRIGHTON HOSPITAL
ADDENDUM TO EMPLOYMENT APPLICATION**

Have you ever been sanctioned (probation, excluded, suspended), been required to pay a fine or penalty, or have you ever been or are you currently under investigation by a state, federal, or other regulatory authority?

If Yes, please explain:

Associate Signature

Date

Witness

Date