



Baraga County Memorial Hospital

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Referred by _____

EMPLOYMENT DESIRED

POSITION DESIRED: 1. _____ DATE: _____

2. _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME TEMPORARY

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NO.* _____ PHONE NO. _____

ADDRESS _____
NO. & STREET CITY STATE ZIP CODE

Please indicate any other name(s) you have which would be required to check your work record/references:

Citizen of U.S.? YES NO If no, type of Visa: _____

Are you under 18 years of age? YES NO

In case of emergency notify: _____

Do you have relatives, excluding a spouse working here? YES NO

If yes, state name and relationship: _____

Are you presently under arrest for a pending felony charge? YES NO

*This disclosure of this number is voluntary. If hired, it is mandatory that you provide this number for withholding taxes, medical insurance, and identification purpose pursuant to 26 USCA Section 6051 and 3402 (f) (5).

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED - GIVE DETAILS BELOW

GRADE SCHOOL
1 2 3 4 5 6 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE OR UNIVERSITY
1 2 3 4 5 6 7 8

TRADE OR TECHNICAL SCHOOL
1 2 3 4 5 6 7

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	COURSES TAKEN	COMPLETED	TYPE OR DEGREE OR CERTIFICATE RECEIVED
GRAMMAR or GRADE SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES	
HIGH SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES	
COLLEGE				<input type="checkbox"/> NO <input type="checkbox"/> YES <small>___/___/___ Date</small>	
VOCATIONAL or BUSINESS				<input type="checkbox"/> NO <input type="checkbox"/> YES <small>___/___/___ Date</small>	
PROFESSIONAL EDUCATION				<input type="checkbox"/> NO <input type="checkbox"/> YES <small>___/___/___ Date</small>	
LABORATORY or X-RAY TRAINING				<input type="checkbox"/> NO <input type="checkbox"/> YES <small>___/___/___ Date</small>	

EMPLOYMENT HISTORY (LIST LAST OR PRESENT POSITION FIRST)

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION & DUTIES
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____
NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TYPE OF BUSINESS _____ SUPERVISOR _____ PHONE _____	FROM _____ TO _____	STARTING _____ ENDING _____	_____ _____ _____ REASON FOR LEAVING: _____

Other places at which you have been employed. Give Company Names and dates of employment.

If hired, on what date will you be available for work? _____

Have you ever been suspended or fired from any position? YES NO

If YES, give particulars: _____

Have you ever been employed by this Hospital? YES NO If YES, please specify: _____

Are you available for overtime, holidays, weekends and shift work? YES NO

SPECIAL QUALIFICATIONS

Please list any special qualifications or abilities that you have and positions for which you are fully qualified: _____

PROFESSIONAL DATA

Michigan Registration No.: _____ or Michigan Practical Nurse No.: _____

Currently Registered: YES NO If yes, number: _____

Licensed in other states? _____

UNITED STATES MILITARY EXPERIENCE

Branch of United States Military Service: _____

Date of Induction: _____ Date of Discharge: _____ Rank: _____

Type of Discharge: _____ Reserve Status: _____

Type of work done in service: _____

ADDITIONAL INFORMATION

List honor or scholastic societies to which you belong: _____

List extra curricular activities while in high school or college: _____

List offices you have held in school or community organizations: _____

How long do you plan to work at Baraga County Memorial Hospital? _____

Reasons for seeking employment at Baraga County Memorial Hospital? _____

PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	TELEPHONE
1.			
2.			
3.			

EMPLOYMENT UNDERSTANDING (PLEASE READ AND SIGN)

The filing of an application for employment form does not imply that you will eventually be engaged, but that you will be considered if you apply when a vacancy occurs, in competition with other applicants.

Many of the positions will require applicants to take competitive tests in addition to interviews, evaluation of experience and recommendations of former employers.

Baraga County Memorial Hospital is an equal opportunity institution/equal opportunity employer.

Application for employment will be kept on active file only six (6) months.

Michigan P.A., XX 2006: Applicability of Criminal Background Checks

Pursuant to Public Act XX or 2006, Baraga County Memorial Hospital is required to perform criminal background and fingerprint checks on all applicants.

BCMh will not consider employing any individual with any felony conviction or one or more of the [misdemeanor] criminal offenses listed below unless that individual has completed all the terms and conditions of his or her sentencing, parole, and probation for that misdemeanor conviction and, as defined in PAXX of 2006, the specified period of time has lapsed immediately preceding the date of application for employment or clinical:

Felony - Any felony or an attempt or conspiracy to commit any felony.

Misdemeanor - A misdemeanor listed below:

- involving abuse or neglect.
- involving cruelty or torture unless otherwise provided under subdivision (e).
- involving criminal sexual conduct.
- involving vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL750.145m to 750.145r.
- involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
- involving cruelty if committed by an individual who is less than 16 years of age.
- involving home invasion.
- involving embezzlement.
- involving negligent homicide.
- larceny unless otherwise provided under subdivision (g).
- retail fraud in the second degree unless otherwise provided under subdivision (g).
- any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).
- assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- retail fraud in the third degree unless otherwise provided under subdivision (g).
- a misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, unless otherwise provided under subdivision (g).
- a misdemeanor under part 74 of the public health code 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, if the individual, at the time of conviction, is under the age of 18.
- larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.

If you have questions or need more information, please contact BCMH Human Resources.

EMPLOYMENT APPLICATION STATEMENT

I hereby represent that each answer is truthful and constitutes a full and complete disclosure of my knowledge with respect to the question and I understand that my misrepresentation of facts shall constitute cause for dismissal regardless of when discovered by the Hospital.

I hereby authorize my former employers to give any information they may have regarding my employment with them.

In the event that I am employed by Baraga County Memorial Hospital, I agree to comply with all of its rules and regulations. I also understand and agree that my employment is not for any specified period of time and that it can be terminated by the Hospital at any time, with or without cause or the specification of a reason and with or without notice.

I further understand and agree that these employment terms can only be modified by the Administrator, in writing and provided that the writing specifically acknowledges that it is a modification of these terms and is signed by the Administrator.

APPLICANT'S SIGNATURE

DATE