



# APPLICATION FOR EMPLOYMENT

Visit our website at: [www.jacksonmcf.com](http://www.jacksonmcf.com)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, genetic information, weight, height, or any other legally protected status.

**JACKSON COUNTY MEDICAL CARE FACILITY IS PROUD TO BE A 100% TOBACCO-FREE CAMPUS.**

**SOCIAL MEDIA SITES (I.E., FACEBOOK, TWITTER, LINKEDIN, ETC.), MAY BE USED AS PART OF OUR SCREENING PROCESS FOR PROSPECTIVE EMPLOYEES.**

**COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. SIGNATURE REQUIRED ON BACK PAGE. USE BLACK OR BLUE PEN ONLY. PLEASE PRINT.**

Position(s) Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number			Alternate Telephone Number		
To check work record, list any different name(s) previously used.				Last 4 Digits of Social Security Number / XXX-XX-	

Are you 18 years of age or older?  Yes  No

Have you ever filed an application with us before?  
If Yes, give date. \_\_\_\_\_  Yes  No

Have you ever been employed with us before?  
If Yes, give date. \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Do you have the right to remain permanently in this country and do you have authorization to work in this country?  
*Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Weekend  Per Diem

What Shift Preferred?  1st  2nd  3rd  Any

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever been convicted of a crime (including misdemeanor and/or felony) ?  Yes  No

If yes, please explain when, where, and the nature of the offense. \_\_\_\_\_

524 Lansing Avenue Jackson, MI 49201 Phone: (517) 782-8500 Fax: (517) 796-2640

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8 9	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
State any additional information you feel may be helpful to us in considering your application				
Special Skills or Qualifications (summarize special job related skills and qualifications acquired from employment or other experience)				

### Professional Licenses, Registrations and/or Certifications

List all states in which you are or have been licensed or certified and any national affiliations. Attach additional pages if necessary.

Attach a copy of any Michigan licenses or certifications.

Have you ever had any professional license or certification placed under investigation, disciplined, 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 on an attached signed statement.

### References

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

1.

2.

3.

Have you ever had any job-related training in the United States Military?

Yes

No

If Yes, please describe \_\_\_\_\_

Can you perform the essential duties of the job with or without accommodations?

Yes

No

(See Job Description for the position you applied for - available at the front desk).

## Employment Experience

Start with your **present or last job**. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>	<b>Dates of Service</b>		<b>Type of Work Performed</b>
	Month/Yr to Month/Yr		
<b>Address</b>	_____ to _____		
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	\$ _____	\$ _____	
<b>Contact Name</b>			
<b>Employer</b>	<b>Dates of Service</b>		<b>Type of Work Performed</b>
	Month/Yr to Month/Yr		
<b>Address</b>	_____ to _____		
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b>		
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<b>Job Title</b>	\$ _____	\$ _____	
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<b>Telephone Number</b>	<b>Hourly Rate/Salary</b>		
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<b>Job Title</b>	\$ _____	\$ _____	
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<b>Address</b>	_____ to _____		
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	\$ _____	\$ _____	
<b>Contact Name</b>			

## Applicant's Statement / Agreement

I authorize investigation of all statements contained in this application and specifically authorize the Employer to investigate any work record with any prior employer. I further authorize my prior employers to disclose all personal information and specifically waive my right to notice under Section 6 (3) (a) of the Bullard-Plawecki Employee Right-to-Know Act. I further release past employers and persons named in this application from liability on account of the information provided. I affirm that the information provided on this application (and any accompanying resume or notes that I have provided) is true and complete. I also understand and agree that any false information, misrepresentations or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

Unless otherwise provided by an applicable Collective Bargaining Agreement, I understand and agree that my employment is for no definite period and may be terminated at any time without previous notice and for any or no reason as determined exclusively by the Employer. Further, unless otherwise provided by an applicable Collective Bargaining Agreement, I understand that my employment is terminable at-will and without cause and that this may not be modified by an oral agreement or representation, unless said oral agreement or representation is in writing and signed by the Administrator of the Facility and myself.

I understand that if I am extended a position that I must submit to a drug screen/test and physical examination. I further understand that my employment is contingent upon the successful production, completion and acceptable results of a drug screen/test and physical examination. If hired, I further agree to be photographed for my personnel file, for Facility publications, and/or for identification purposes. I understand a background check will be performed upon submission of application. If hired, a more extensive criminal and background check will be conducted and I must submit to a national criminal history fingerprint check by the Federal Bureau of Investigation (FBI). I understand that the results will be provided directly to the Jackson County Medical Care Facility (JCMCF). Pursuant to MCL 333.20173a, Public Act 28, I understand that JCMCF shall not employ, independently contract with, or grant clinical privileges to an individual who has regular direct access or provides direct services to residents until JCMCF conducts a criminal history background check. I further understand that if I am offered a position, that I must attest that I have not been convicted of any the crimes described in this Act for the applicable time period stated in each subdivision.

I further agree: (1) If my statements contradict the results of the criminal history, my employment or privileges will be terminated until I can prove the results of the history check to be incorrect. The covered entity shall supply me with the results of all history upon request; (2) I understand that a violation of the Public Act is good cause for termination; and (3) I have not had a finding entered into the State Registry against me concerning abuse, neglect, mistreatment of residents or misappropriation of a resident's property.

A person with a disability requiring accommodation for completing the application and/or interview process should notify JCMCF Human Resources Department at (517) 782-8500 as soon as possible. Michigan Law requires that a person with a disability requiring accommodation for employment notify the Employer in writing within 182 days after the need is known. JCMCF is an Equal Opportunity Employer. It is the policy of JCMCF to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital or veteran status, height, weight, disability, or genetic information.

I agree that any action or suit against this Employer arising out of my employment or termination of employment, including but not limited to, claims arising under State or Federal civil statutes, must be brought within 180 days of the event giving rise to the claims and be forever barred. I waive any limitation periods to the contrary. Applications will be kept on file for one (1) year from the date submitted.

**Please DO NOT phone or stop by to check the status of your application. JCMCF may contact you if the opportunity arises for employment consideration. Thank you for understanding.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### NOTE TO APPLICANTS AND EMPLOYEES

Screening test for alcohol and illegal drug use required before hiring and may be conducted at anytime during the course of employment at Jackson County Medical Care Facility