

APPLICATION FOR EMPLOYMENT

Tuscola County Medical Care Community

Please complete and bring this application to the Personnel Department located inside the Business Annex, email it to chuizar@tcmcf.org, or fax it to (989) 672-0589.

Have you ever filed an application with us before? yes no
If yes, when _____

POSITION APPLIED FOR:

Name (Last, first, middle)		
Address (Street, city, state, zip code)		
Telephone		
Specify any days or times you are not available for work:		What shift(s) are you willing to work?
Salary Expectation:	Date Available for work:	Employment Status:
\$ _____ Per _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Have you ever been employed by the Tuscola County Medical Care Facility?	Yes No	Date Started
		Date Left
Do you have the legal right to remain and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Verification will be required if hired.		

Emergency Contact

First Name	Last Name	Relation
Street Address		City
Phone Number(s)		

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

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

EDUCATION

SCHOOL	LOCATION	DEGREES

EMPLOYMENT HISTORY - List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			

REFERENCES- Give the name, address, and telephone number of three references who are not related to you.

Name
Address (Street, city, state, zip code)
Telephone
Name
Address (Street, city, state, zip code)
Telephone
Name
Address (Street, city, state, zip code)
Telephone

General Notice and Application Authorization

I understand that I may be required to submit to a physical examination, which may include a drug test, background check and finger printing, prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I authorize Tuscola County Medical Care Community to investigate all statements made in this application about my previous employment, education, and skills. I hereby release from liability all persons, employers, companies/ corporations, or schools supplying any information in connection with my application.

I hereby certify that all of the information I have given on this application form is true and complete. I understand that any false statements or omissions, whether intentional or unintentional and later discovered, may be cause for refusal to hire me or may be cause for immediate dismissal without future notice or severance.

In the event of termination I understand any dispute and/or litigation regarding such termination shall be limited to the six month period following the date of termination.

I understand that no one, other than an authorized representative of the Community has the authority to enter into an agreement with me and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

I understand that this application will remain in effect for 1 year.

I understand and agree that if hired by Tuscola County Medical Care Community, my employment may be terminated at will by either myself OR Tuscola County Medical Care Community

(Signature of Applicant)

(Date)