

**SHIAWASSEE HEALTH & WELLNESS**

**APPLICATION FOR EMPLOYMENT**

Shiawassee Health & Wellness considers all qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, handicap, or any other legally protected status. No one will be denied employment solely on the basis of age, culture, disability, gender, language, sexual orientation, socio-economic status or spiritual belief.

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***Please Print***

Date: \_\_\_\_\_ Desired Position: \_\_\_\_\_

Date available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

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**A. PERSONAL INFORMATION**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

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**B. WORK ELIGIBILITY**

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a High School Diploma or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to work: Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays \_\_\_\_\_

What other special training or skills do you have (additional spoken or written languages, computer software knowledge, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, pled guilty to, or pled no contest to a felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Conviction of a crime or pleading guilty to a criminal charge will not necessarily disqualify you from the job for which you are applying. Each**

**conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.**

Have you ever applied for employment/worked with us? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Any employee having a disability for which he/she needs accommodations under Michigan Law only, must advise the Employer within 182 days, in writing, of the need for such accommodations.**

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**C. EDUCATION**

School Name and Location	Years Attended	Course of Study/Degree	Grad. Date

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**D. EMPLOYMENT HISTORY**

**If a resume is attached containing the information requested below, respond to Part I only for each employer.**

Have you submitted a résumé? Yes  No

Please provide us with an accurate and complete account of your past employment. Start with your present or most recent employer. Include military experience if applicable.

<p><b>Part I (Information must be provided by all applicants)</b> Company Name: _____ City: _____ State: _____ Job Title: _____ Employed (Month/Year) From: _____ To: _____ Reason for leaving: _____ May we contact this employer? Yes: _____ No: _____ If not, why? _____</p> <p>.....</p> <p><b>Part II (To be completed if information has not been provided in a résumé)</b> Job Summary: _____ _____ _____ _____</p>
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**Part I (Information must be provided by all applicants)**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employed (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_ No: \_\_\_\_

If not, why? \_\_\_\_\_

.....  
**Part II (To be completed if information has not been provided in a résumé)**

Job Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part I (Information must be provided by all applicants)**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employed (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_ No: \_\_\_\_

If not, why? \_\_\_\_\_

.....  
**Part II (To be completed if information has not been provided in a résumé)**

Job Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part I (Information must be provided by all applicants)**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employed (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_ No: \_\_\_\_

If not, why? \_\_\_\_\_

.....  
**Part II (To be completed if information has not been provided in a résumé)**

Job Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**E. CONDITIONS OF EMPLOYMENT**

- Following our standards of professionalism
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Being honest and dedicated in your work
- Using proper phone etiquette
- Completing necessary training requirements
- Following company policies, procedures, & work rules
- Assisting consumers in meeting goals and objectives
- Following directions
- Meeting standards of work quality and quantity
- Maintaining a professional appearance (as defined by supervisor)
- Accepting a work schedule that may include nights, holidays and weekends
- Complying with Recipient Rights Policies
- Complying with the Michigan Mental Health Code

Are you willing and able to comply with all the requirements listed above?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your answer is no, or you have concerns about being able to comply with any of these requirements, please explain: \_\_\_\_\_

\_\_\_\_\_

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**E. CERTIFICATION AND AUTHORIZATION OF APPLICANT**  
**(Read Carefully Before Signing)**

I certify that the information in this application and accompanying résumé is true. I also agree and understand that misrepresentation, false or omitted facts may disqualify me from further consideration for employment and may be considered justification for my termination if discovered at a later date.

I authorize Shiawassee Health & Wellness (or its agents) to contact my present and past employers and other sources necessary to verify the information on my application. I request and authorize any person or institution with any records or information regarding my employment, education, or criminal history, including information that might otherwise be considered privileged or confidential, to Shiawassee Health & Wellness (or its agents). Furthermore, I hereby release all parties from all liability for any claims and damages that may result from furnishing this information to Shiawassee Health & Wellness (or its agents).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

### EMPLOYMENT REFERENCES

**Please list three (3) references, indicating whether personal, work related or educational.  
Do not include references from relatives.**

Type of Reference:            Work       Personal               Educational  

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Type of Reference:            Work       Personal               Educational  

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Type of Reference:            Work       Personal               Educational  

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_