

EMPLOYMENT APPLICATION

Demographic Information			
Name (Last, First, Middle)		Social Security Number	
Address	City	State	Zip code
Telephone Number	Daytime Telephone Number		

If you are not a U.S. Citizen, do you have the appropriate documentation to work in the U.S.? Yes No

Are you age 18 or older? Yes No

Have you ever worked for a Trinity Health Organization? Yes No

If Yes, list position held, organization, dates of employment:

Do you have any relatives employed by Trinity Health? Yes No

If Yes, give name(s), member organization(s) and relationship(s)

Conviction Record

Have you ever plead guilty to or been convicted of any crime other than a Minor Traffic Violation? Yes No

If yes, give the offense, the date plead guilty or convicted, and the Name and Location of the court that convicted you:

Are there any felony charges pending against you? Yes No

If yes, state the charge(s) pending and the Name and Location of the court in which pending:

Position Opening – How did you learn about the opening?

- Advertisement Internet
 Job Line McAuley Place Webpage
 Trinity Health Webpage Referral (Please provide employee name)

Type of Position

Position Desired		Second Choice		Salary Desired		Date Available	
Willing to Work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Evenings/Nights <input type="checkbox"/> Travel	<input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> On-Call	From		To	

Technical Skills: *List below any other skills you may have which may assist you in the position, including licenses or registrations held, foreign languages, shorthand and typing skills (listing word per minute) as well as any word processing, spreadsheets or database experience if applicable.*



1380 E. Sherman Blvd
 Muskegon, MI 49444-1814
 (231) 733-2578 – Main (231) 733-0798 – Fax
<http://www.mcauleyplace.org>

A person with a disability or handicap requiring accommodation for completing the application process should notify the company representative as soon as possible. McAuley Place and Trinity Health is an Equal Opportunity Employer. It is the policy of McAuley Place and Trinity Health to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, diversity or handicap.

Education						
	School Name and Location	Major Courses	Hours/ Credits	Graduated		Degree/Diploma
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College 1				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College 2				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employment Record

Instructions: Begin with most current employment. If not employed, self-employed, attending school or in the armed forces during any part of the time specify exact periods.

Date (Month/Yr.) From: To:	Employer Name	Telephone Number
Position Held	Address (Number, City, State and Zip code)	
Supervisors Name and Title	Summarize the nature of the work performed and your job responsibilities	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Salary	
Reason for Leaving?	If you worked for this company under a different name, give that name and dates.	
Date (Month/Yr.) From: To:	Employer Name	Telephone Number
Position Held	Address (Number, City, State and Zip code)	
Supervisors Name and Title	Summarize the nature of the work performed and your job responsibilities	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Salary	
Reason for Leaving?	If you worked for this company under a different name, give that name and dates.	
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May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Salary	
Reason for Leaving?	If you worked for this company under a different name, give that name and dates.	
Professional References (List at least two previous supervisors)		
Reference Name, Title and Company Worked With		Area Code and Phone Number
Please Read Carefully and Sign		
<p>I certify that the information on this application is complete, accurate and true. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record and conviction history. I grant Permission for McAuley Place, Trinity Health to obtain information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take direction from my supervisors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby authorize McAuley Place, Trinity Health to contact those employers and other references I provide regarding my performance record and work, academic and / or military experience. I hereby release McAuley Place, Trinity Health and any person, organization or prior employer from any and all liability arising from or connected with disclosure of this information and waive any written notice of such disclosure that may be required by state or federal employment. I understand and agree that if, in the opinion of McAuley Place, Trinity Health, the results of the investigation are unsatisfactory, that any offer of employment that has been made may be withdrawn or my employment with McAuley Place, Trinity Health may be terminated. I agree that this application is not an offer of employment. I have read and understand and agree to the above statements.</p> <p>I hereby certify that I have not been debarred or excluded from participation in Medicare, Medicaid or any other federal or state funded healthcare programs and have not been convicted of a health care related criminal offense.</p>		
Applicant Signature		Date

Application Identification and Release Regarding Investigation or Criminal History

Name (Last, First, Middle)				
Alias, Maiden, Previous Married Name(s)				
Address		City	State	Zip code
Previous Address		City	State	Zip code
Previous Address		City	State	Zip code
Date of Birth	Race	Sex	Social Security #	Drivers License #

Authorizations and Release

The undersigned acknowledges:

1. That he/she has executed this document in conjunction with an application for employment with McAuley Place and Trinity Health;
2. That he/she hereby authorizes McAuley Place and Trinity Health access to any criminal history record produced by federal, state and/or local law agencies pertaining to the undersigned;
3. That he/she agrees to release McAuley Place and Trinity Health and any other person, company or other entity from any and all causes of action that otherwise might arise from supplying McAuley Place and Trinity Health with information it may request pursuant to this release;
4. That he/she understands that House Bill Number 4057 states “a healthcare facility or agency that is a nursing home, county medical care facility or home for the aged, conduct criminal background checks on prospective employees. These health care facilities would be prohibited from employing, independently contracting with, or granting clinical privileges to an individual who regularly provides direct services to patients and residents if the individual has been convicted of certain offenses. These offenses include a felony committed within the 15 years immediately preceding the date of application and a misdemeanor involving abuse, neglect, assault, batter, or criminal sexual conduct or involving fraud or theft against a vulnerable adult within the 10 years immediately preceding the date of application”; and
5. That he/she understands that any false answers or statements, or misrepresentations by omission made by him/her on this form or any related document, will be sufficient cause for rejection of his/her application or for his/her immediate discharge should such falsifications or misrepresentations be discovered after his/her employment.

Applicant Signature	Date
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Pre-Employment Reference Check

1380 E. Sherman Blvd, Muskegon, MI 49444-1814

THE TOP SECTION OF THIS FORM MUST BE COMPLETED BY APPLICANT

Date: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Fax Number: _____

Faxed: _____ Mailed: _____
 Date: _____
 Initials: _____

Name of Applicant:	Social Security #:
Dates of Employment: From: _____ To: _____	Name of Position:
Reason for Leaving:	
If Personal Reference, Relationship to Applicant	

I have applied for an employment / volunteer opportunity with McAuley Place Living Center and/or Affiliate. Please complete this reference. Thank you.

I voluntarily give McAuley Place Living Center and/or Affiliate the right to make a thorough investigation of my past employment / volunteer and/or school history, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I waived any rights I may have to written notice of the release of such information.

Signature of Applicant

Date

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE

Please verify the information above and complete the following.

Is the information provided above correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is incorrect?																				
Would you rehire or recommend this applicant for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?																				
Do you have any reason to believe this individual presents any danger to him/herself or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?																				
How would you rate the applicant's performance in the following areas? Please circle appropriate number. (1 = Outstanding 2 = Very Good 3 = Good 4 = Needs Improvement 5 = Unsatisfactory 6 = Unable to respond)																				
Attendance	1	2	3	4	5	6	Productivity	1	2	3	4	5	6	Work Quality	1	2	3	4	5	6
Cooperation	1	2	3	4	5	6	Job Knowledge	1	2	3	4	5	6	Communication	1	2	3	4	5	6
Initiative	1	2	3	4	5	6	Reliability	1	2	3	4	5	6	Creativity	1	2	3	4	5	6
Adherence to Policies	1	2	3	4	5	6	Respect from Others	1	2	3	4	5	6	Ability to Work Independently	1	2	3	4	5	6
Team Work	1	2	3	4	5	6	Comments:													

Name of Individual Providing Reference (Please Print)

Signature

Title / Department

Date

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Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

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Name of Applicant:	Social Security #:
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Initiative	1	2	3	4	5	6	Reliability	1	2	3	4	5	6	Creativity	1	2	3	4	5	6
Adherence to Policies	1	2	3	4	5	6	Respect from Others	1	2	3	4	5	6	Ability to Work Independently	1	2	3	4	5	6
Team Work	1	2	3	4	5	6	Comments:													

Name of Individual Providing Reference (Please Print)

Signature

Title / Department

Date

Equal Employment Opportunity Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not be subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment. It will not be used in any hiring decisions. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position Applying For: _____ Date: _____ Sex: (F) (M)

Ethnic Group (Please Indicate Only One)

- White (Not of Hispanic Origin) - All person having origins in any of the original people of Europe, North Africa, or the Middle.
- Black or African American (Not of Hispanic Origin) - all persons having origins in any of the Black racial groups of Africa
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian, Native American, Alaskan Native All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Multi-Racial All persons having parents of different races as identified by federal agency to include American Indian or Alaskan Native, Asian or Pacific Islander, Black, Hispanic, White.

Thank you for your assistance!!