

APPLICATION FOR EMPLOYMENT
 (Please PRINT Information)
WESTSIDE FAMILY MEDICAL CENTER, P.C.
 Applications maintain active status for 6 months

POSITIONS DESIRED

Today's Date _____

1. _____
2. _____
3. _____

Date Available _____

We offer equal employment opportunity to all based upon individual merit and without regard to race, color, religion, national origin, sex, age, height, weight, material status or disability which, if needing accommodation, may be reasonably accommodated as required by law.

Name _____
Last First Middle Other Last Name Phone

Address _____
Number Street Apt. No. City State Zip Code

Are you Under 18 years old? Yes _____ No _____ Telephone No. _____
 Are you a U.S. Citizen? Yes _____ No _____
 If not, Resident Alien No. _____ Social Security No. _____

Check which shift you are willing to work. First _____ Second _____ Third _____ All _____	Type of employment desired? Full Time _____ Part-time _____ On Call _____ Summer Only _____
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Are you willing to work weekends and /or holidays and rotating shifts? Yes _____ No _____

Have you ever been convicted of a crime: Yes _____ No _____ If yes, state the crime _____

Are any felony charges currently pending against you? Yes _____ No _____ If yes, explain: _____

Are you a Veteran of U.S. Military Services? Yes _____ No _____ Was Discharge Honorable? Yes _____ No _____

Did you receive any specialized training applicable to employment in healthcare: Yes _____ No _____
 If yes, explain: _____

Have you ever worked for Westside Medical Center? Yes _____ No _____ If yes, when: _____

Have you ever been suspended or discharged from employment? Yes _____ No _____ If yes, please explain: _____

List two personal references (not relatives or former employers):

1. _____
Name Address Phone No. Occupation
2. _____
Name Address Phone No. Occupation

THIS SECTION FOR LICENSED, REGISTERED OR CERTIFIED APPLICANTS

Are you currently Licensed, Register or Certified in Michigan? Yes <input type="radio"/> No <input type="radio"/>	If not, have you applied? Yes <input type="radio"/> No <input type="radio"/> If yes, when? _____	Give License, Registration or Certification Type _____ Number _____ Expiration Date _____ Serial # _____	If no license, do you have a permit? Yes <input type="radio"/> No <input type="radio"/> Expiration Date _____	In what other States are you Licensed? Do you have a Nationally recognized License, Registration or Certification? Yes <input type="radio"/> No <input type="radio"/>
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**NOTE TO INTERVIEWER: If applicant is Accepted for position offered please complete the information requested below, and return to HR
 If applicant is Rejected return to Human Resources without completing information below.**

DEPARTMENTAL ACCEPTANCE ONLY	Department Name	Job Classification #	Job Title	Wage Rate	Approved Hours/Per week
Employee Work Area Phone #	Employee Replaced	Requisition #	Starting Date	Overtime: 0/40 Exempt Yes No	
Shift: 1 st shift 2 nd shift 3 rd shift No permanent shift		Lunch Period: 1/2 1 No lunch			
Hiring Supervisor Signature	Employee #	Badge #		Date	

EDUCATIONAL TRAINING

	NAME	ADDRESS	DATES ATTENDED		TYPE OF DIPLOMA OR DEGREE RECD	YEAR GRADUATED
			FROM	TO		
HIGH SCHOOL						
COLLEGE/NURSING SCHOOL						
GRADUATE SCHOOL						
OTHER SCHOOL						

WORK EXPERIENCE
List Last or Present Position First

Dates Employed		NAME & ADDRESS OF EMPLOYER	YOUR POSITION AND DUTIES	WEEKLY SALARY	REASON FOR LEAVING
From	To				
		Phone #	Zip Code		
Supervisor's Name					
Kind of Business					
From	To				
		Phone #	Zip Code		
Supervisor's Name					
Kind of Business					
From	To				
		Phone #	Zip Code		
Supervisor's Name					
Kind of Business					

- | | | | | |
|---|--------------------------------------|--|---|--|
| <input type="checkbox"/> ELECTROCARDIOGRAPHY | <input type="checkbox"/> PHLEBOTOMY | <input type="checkbox"/> TYPING WPM _____ | <input type="checkbox"/> SWITCHBOARD | <input type="checkbox"/> PERSONNEL |
| <input type="checkbox"/> RN | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> WORD PERFECT | <input type="checkbox"/> CASHIER | <input type="checkbox"/> RECORD FILING |
| <input type="checkbox"/> LPN | | <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> CALCULATOR | <input type="checkbox"/> SPREADSHEET |
| <input type="checkbox"/> LABORATORY ASSISTANT | | <input type="checkbox"/> DICTATION | <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> TRANSCRIPTION |
| <input type="checkbox"/> MAINTENANCE | | <input type="checkbox"/> MEDICAL TERMINOLOGY | <input type="checkbox"/> MEDIC COMPUTER | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> MEDICAL ASSISTANT | | <input type="checkbox"/> MICROSOFT WORD | <input type="checkbox"/> ACCOUNTING | |
| | | <input type="checkbox"/> INSURANCE | <input type="checkbox"/> PAYROLL | SYSTEM |
| | | <input type="checkbox"/> UNIT CLERK/RECEPTIONIST | | |

MISCELLANEOUS EMPLOYMENT INFORMATION

- Why would you like to work at Westside? _____
- Why do you feel you would be a good candidate for the job for which you have made application? _____
- What future career goals, if any, have you set for yourself? _____
- What pay rate or rate range are you seeking? \$ _____ /hour \$ _____ /year

CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume, if any), is true and complete to the best of my knowledge. I also agree that any false information, representations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

Before I can begin work, and as a precondition of employment, I understand I must be able to verify, as required by federal law, that I am authorized to work in the United States. I understand that all applicants offered a position with WFMC must document their authorization to work before the hiring process will be complete. If selected for hire, I understand it will be my responsibility to provide WFMC with documentation establishing my right to work. I understand these documents will be reviewed at the time a conditional offer of employment is made.

I authorize a thorough investigation of my past employment and education, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporation and/or educational institutions requesting or supplying such information and waive any right to notice of such disclosure.

I understand that part of WFMC's screening process may include a search of criminal conviction history records to verify information provided by me during the application process. As a part of this investigation, I may be required to provide my date of birth, sex, and driver's license and state of issue. I understand that this information may be required at a later time to facilitate this investigation. My signature below signifies that I understand and agree to authorize WFMC to secure criminal conviction history from the appropriate law enforcement agency, should WFMC determine it is necessary to do so.

I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to WFMC.

I understand that if I am granted an interview, I will be asked at that time if I can perform the essential functions of the job for which I am applying, with or without reasonable accommodations. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask WFMC to attempt to make a reasonable accommodation for it. Under federal law, it is my responsibility to inform WFMC that an accommodation is needed. I understand I must make my request for accommodation in writing to the Human Resources Department as soon as possible. Under state law, such request must be made no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I hereby give my consent for WFMC, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release WFMC from any liability arising out of such tests or results. Further, I give my consent for the release of the test results and other relevant medical information to authorized WFMC management for appropriate review. I understand that in order to be considered for employment by WFMC, I must be drug and alcohol free, as confirmed by such testing. If I am accepted for employment by WFMC, I hereby consent to be tested in the above manner during my employment when, in WFMC's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal or unauthorized drug use is a condition of my employment.

If hired, in consideration of my employment, I agree to abide by the rules and policies of WFMC. I understand that my employment with WFMC is for an indefinite term, and I am subject to termination at any time with or without notice, with or without proper discipline or warning, and with or without cause. No person other than the CEO of WFMC or designee has the authority to offer employment for any specified periods of time or to make any contract contrary to the foregoing. Moreover, no such agreement by the CEO of WFMC shall be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO of WFMC or designee.

Signature: _____

Date: _____

WESTSIDE FAMILY MEDICAL CENTER, P.C.

Authorization for Release of Employment Information

I have made application for employment with Westside Family Medical Center, P.C. and desire that they be informed as to my previous employment and/or academic records. I hereby authorize any former employer and school counseling official to release to WFMC any information contained in my employment and/or school records upon request. I specifically waive prior or subsequent written notice of disclosure or record information including disciplinary reports, letters of reprimand or other disciplinary action. I also release my former employers and schools from all claimed liability arising out of such response and disclosure.

PRINT NAME

SOCIAL SECURITY NUMBER

APPLICANT SIGNATURE

DATE

May we contact your present/past employer for a reference?

Yes

No