



**Straith**  
**HOSPITAL**  
COMMITTED TO YOU

23901 Lahser Road  
Southfield, MI 48033  
248-357-3360  
www.straithhospital.org

**APPLICATION FOR EMPLOYMENT**

If you require assistance with completing this application or the testing process, please notify Human Resources Department.

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR:

1. \_\_\_\_\_ 2. \_\_\_\_\_

STATUS DESIRED:  Full-time  Part-time  Temporary Until \_\_\_\_\_

Date Available for Work \_\_\_\_\_

DATES AVAILABLE FOR FULL OR PART-TIME WORK:

Whatever days job requires  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

SHIFT(S) AVAILABLE:  First (Days)  Second (Afternoons)  Third (Nights)  Any

SHIFT(S) PREFERRED:  First (Days)  Second (Afternoons)  Third (Nights)  Any

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? (WHEN?)

\_\_\_\_\_

RELATIVES EMPLOYED IN THE ORGANIZATION:

\_\_\_\_\_

We offer equal opportunity employment to all individuals and do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, disability, height, weight, or other characteristic protected by law unless required to do so by law or bona fide occupational qualification. The questions on this application form are intended to be non-discriminatory in nature, and applicants are not required to submit any information which could be used for discriminator purposes.

PLEASE PRINT ALL INFORMATION

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle Initial

Please indicate any other name you have had which would be required to check your work record:

\_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street

City State Zip Code

HOME TELEPHONE NO. ( ) \_\_\_\_\_

CELLPHONE NO. ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Are you over 18 years of age?  YES  NO

Are you legally authorized to work in the United States?  YES  NO

SOCIAL SEC. # \_\_\_\_\_

Have you ever been convicted of a crime? If so, when? \_\_\_\_\_

Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you?  YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

You will not be refused employment solely because of a conviction of a crime. Rather, the organization's decision will be determined on whether the conviction relates in some way to the position applied for.

U.S Military or Naval Service \_\_\_\_\_ Rank upon discharge \_\_\_\_\_

Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation? \_\_\_\_\_

Have you entered into any agreement that limits your right to compete with a current or former employer, or that otherwise restricts what work you can do or duties you can perform?

### EDUCATION AND TRAINING

SCHOOL	NAME	ADDRESS	No. of Years Completed	Type of Diploma or Degree Rec'd.
High School				
College				
College				
Graduate School				
Nursing/Other				

Please list any work training programs, seminars, extra-curricular activities, or any other educational experiences relevant to the position(s) applied for:

Currently taking course(s)  YES  NO

## PROFESSIONAL SKILLS AND LICENSURE

Typing \_\_\_\_\_ WPM      Office, Hospital or Industrial Equipment Skilled to Operate  
 \_\_\_\_\_

### PROFESSIONAL LICENSES AND/OR CERTIFICATES

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER

### FOREIGN LANGUAGE SKILLS, INCLUDING SIGNING:

If required by, or helpful to, the position(s) applied for, please complete.

<b>LANGUAGE</b>	<input type="checkbox"/> SPEAK <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
<b>LANGUAGE</b>	<input type="checkbox"/> SPEAK <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

## REFERENCES

List three references (not relatives or former employers):

1. \_\_\_\_\_  
 NAME                                  ADDRESS                                  PHONE NUMBER                                  OCCUPATION
  
2. \_\_\_\_\_  
 NAME                                  ADDRESS                                  PHONE NUMBER                                  OCCUPATION
  
3. \_\_\_\_\_  
 NAME                                  ADDRESS                                  PHONE NUMBER                                  OCCUPATION

## EXPERIENCE

(List Last or Present Position First)

List all relevant experience, including paid employment, volunteer work or work in the U.S. Armed Forces

DATES		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				

State title and describe in detail the work you did

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To	From				

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To	From				

State title and describe in detail the work you did

DATES		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				

State title and describe in detail the work you did

Indicate any of the above employers you do not want us to contact \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that all statements made on this application are true and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my application.

I certify that I am not party to any agreement that prohibits or restricts me from becoming employed by Straith Hospital or from performing the duties of the position for which I have applied.

I fully understand that the misrepresentation or omission of facts or circumstances will be sufficient cause for rejection of my application, if the Company has not employed me, and for immediate dismissal if the Company has employed me.

I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for the position(s) for which I am applying.

I authorize former employers, academic institutions, and other references to release any information required to determine my qualifications for the position(s) for which I am applying and hereby release all individuals and organizations from any liability or damages which may result from furnishing such information. I waive any right under Michigan Public Act 397 of 1978 to receive written notice from this Company or former employers that such information has been released.

I understand that any offer of employment I may receive will be contingent on the results of a post-offer, pre-employment physical and a drug test.

In the event of my employment with the Company, I will comply with all rules and procedures of the Company. I understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented to the extent not limited by law or contract. Finally, I understand that if hired, my employment will be for no definite period, and that both I and the Company retain the right to terminate my employment at any time for any or no reason on an "at will" basis. Any agreement to the contrary must be in writing and signed by the CEO of the Company.

I hereby acknowledge that I have read and understand the preceding statements.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

FOLLOW-UP ACTION:

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Accepted for Employment? \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Start Date \_\_\_\_\_  Full Time  Part Time

Pay Rate \_\_\_\_\_  Per Hour  Annual  Contract

Shift Premium \_\_\_\_\_  Part Time Premium \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

References checked by: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INDIVIDUALS HIRED ONLY: Form I-9, Employment Eligibility Verification**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Types of Document(s) Presented:

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(Attach copy of completed form I-9 and copy of identity and employment eligibility document(s) within 3 days of hire)