



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 (Nights) ☐ Any

SHIFT(S) PREFERRED: ☐ First (Days) ☐ Second (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 |
|------|--------------|-------------|-----------------|--------|
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| TYPE | STATE ISSUED | DATE ISSUED | EXPIRATION DATE | NUMBER |
|------|--------------|-------------|-----------------|--------|
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| | | | | |
| | | | | |

FOREIGN LANGUAGE SKILLS, INCLUDING SIGNING:

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

| LANGUAGE | <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 |
|----------|--------------------------------|---|-------------------------------|---|--------------------------------|---|
| | | | | | | |

| LANGUAGE | <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 | | | LAST RATE OF PAY | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|---|------|------------------------------|---------------------|--------------------------------|-----------------------|
| To | From | NAME AND ADDRESS OF EMPLOYER | | | |
| | | | | | |
| | | | | | |
| State title and describe in detail the work you did | | | | | |
| | | | | | |
| DATES | | | LAST RATE OF PAY | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
| To | From | NAME AND ADDRESS OF EMPLOYER | | | |
| | | | | | |
| | | | | | |
| State title and describe in detail the work you did | | | | | |
| | | | | | |
| DATES | | | LAST RATE OF PAY | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
| To | From | NAME AND ADDRESS OF EMPLOYER | | | |
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| State title and describe in detail the work you did | | | | | |
| | | | | | |
| DATES | | | LAST RATE OF PAY | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
| To | From | NAME AND ADDRESS OF EMPLOYER | | | |
| | | | | | |
| | | | | | |
| 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: _____



DISCLOSURE AND AUTHORIZATION FORM

Straith Hospital (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

A consumer reporting agency will obtain the reports for the Company. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: (248) 357-3360. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

A SUMMARY OF YOUR RIGHTS - UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.
 You are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| Type of Business: | Please Contact: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842- 6929 |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519- 4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051 |

DO NOT WRITE IN THIS SPACE

FOLLOW-UP ACTION:

Accepted for Employment? _____

Department _____ Job Title _____

Start Date _____ ☐ Salary ☐ 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:

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