

### **Application for Employment**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Position(s) applied for	or			Date of Applic	ation	
Referral Source	o Advertisement	o Employee	o Relative	o Government E	mployment Agency	
	o Walk-in	o Private Employ	ment Agency	o Other		
	Name of Source (if		<i>5</i> ,			
Name		<u></u>				
	l	_AST		FIRST	MIDDLE	
Address Telephone # (	STREET )	Mobile/Beepe	CITY er/Other Phone # (		STATE E-Mail Address	ZIP CODE
Type of employment of Date available for wo			1 2	o Seasonal esired salary rang	o Per Diem	
•					o Yes To	o No
Are you legally eligib	le for employment in	this country?			o Yes	o No
If you are under 18 ar If no. please explain_	•		•		o Yes	o No
Do you have any relat		11.0	· ·		o Yes	o No
Have you ever been c	onvicted of health car	e fraud or a crime	e related to health car	re fraud?	o Yes	o No
Have you ever lost or	been denied provider	status with any th	hird party insurer?		o Yes	o No
		•			pation? o Yes	o No
-					licare or any other government he	ealth
					o Yes	o No
Have you ever been b	onded?				o Yes	o No

### **Criminal Background Checks**

Spectrum Health Systems, Inc. conducts criminal background checks prior to the commencement of employment and periodically during employment. Pre-employment criminal background checks are conducted after a conditional offer of employment. Criminal history does not necessarily disqualify candidates from employment. Decisions on completing the hiring process (or continuing employment for active employees during the periodic checks) is based on organizational policies and procedures and the specific regulations and contracts for the position and/ or program.

# **Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

	TEL #.	DATES	MPLOYED	SUMMARIZE THE TYPE OF WORK
	( )	FROM	то	PERFORMED AND JOB RESPONSIBILITIES
DDRESS				
TARTING IOR TITLE	FINAL IOD TITLE	HOURIVE	ATE (CALABY	
STARTING JOB TITLE	FINAL JOB TITLE		RATE/SALARY	
		SIA	RTING	
MMEDIATE SUPERVISOR AND TIT	LE	\$	PER	
REASON FOR LEAVING		HOURLY F	ATE/SALARY	
		F	NAL	
MAY WE CONTACT FOR REFEREN	ICES O YES O NO O LATER	\$	PER	
EMPLOYER	TEL #.	DATES	EMPLOYED	SUMMARIZE THE TYPE OF WORK
201210	( )	FROM	TO	PERFORMED AND JOB RESPONSIBILITIES
DDRESS	1	11.5		
STARTING JOB TITLE	FINAL JOB TITLE	HOURLY F	ATE/SALARY	
		STARTING		
MMEDIATE SUPERVISOR AND TIT	LE	\$	PER	
REASON FOR LEAVING		HOURLY F	ATE/SALARY	
		F	INAL	
MAY WE CONTACT FOR REFEREN	ICES O YES O NO O LATER	\$	PER	
		1		
EMPLOYER	TEL #.	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIE
DDRESS	( )	FROM	ТО	
TARTING JOB TITLE	FINAL JOB TITLE	HOURI Y F	ATE/SALARY	
	2 300 11122		RTING	
MMEDIATE SUPERVISOR AND TIT	LE	\$	PER	
		HOURLY F	ATE/SALARY	
REASON FOR LEAVING	NEASON FOR ELAVING		INAL	
EASON FOR LEAVING				

### **Educational Background**

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any.

D. Grade Point Average or Class Rank, E. Major field of study, F. Minor field of study (if applicate	<b>)</b> . (	Grade Point Average	or Class Rank. E	E. Major field of study	7. F. Minor field of study (	if applicable).
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A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR
	1			<u> </u>	

### **References**

List names and telephone numbers of three business/work references who are *not* related to you. Two of the references must be from your most immediate/prior supervisors.

NAME & TITLE		TELEPHONE	NO. OF YEARS KNOWN
	(	)	
	(	)	
	(	)	

# **Professional Licensure and/or Certification**

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

TYPE	ORGANIZATION or STATE	DATE ISSUED or EXPERATION	NUMBER	FACILITY VERIFICATION
L		<u> </u>	<u> </u>	

List special accomplishments, publications, awards, etc. exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.
List any additional information you would like us to consider.

#### **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete a 1-9 Form in this regard within 3 days.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand that I may include any verifiable volunteer work experience under the employment history section of this application.

Sealed Records: Disclosure of information relating to such records. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances, and adjudication's in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

It is without coercion or duress that I agree to arbitrate all disputes or statutory claims that may arise in the course of my employment or upon my termination or separation of employment. The arbiter's decision will be binding and I will not take additional action against my employer, including but not limited to a suit, jury trial, or defamatory act(s).

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.				
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.				
Signature of Applicant	Date			