



Date of Application _____

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

As an Equal Opportunity Employer, we base employment decisions on job-related information. MCVI complies with all employment laws.			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number / /	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
For what type of position are you applying?		Salary Expected \$	
On what date would you be available for work? Type of employment desired:			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Education Co-Op/Internship	
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on layoff, subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you work overtime as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you travel if job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been convicted of a misdemeanor and/or felony within the last 7 years? (exclude minor traffic violations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain _____			
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Proof of U.S. citizenship or immigration status will be required upon employment.)			

EDUCATION

List ALL Schools Attended	Name and Address of School	No. of Years Completed	Did you Graduate?		Degree	High School Courses and/or college major
			Yes	No		
High/Prep Schools			<input type="checkbox"/>	<input type="checkbox"/>		
Colleges/Universities			<input type="checkbox"/>	<input type="checkbox"/>		
Other Education			<input type="checkbox"/>	<input type="checkbox"/>		
Do you plan to further your education? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?						

SKILLS AND QUALIFICATIONS

→ Special Training, Instruction, Skills or Equipment _____ _____ _____
→ Subjects of Special Study or Research Work _____ _____ _____
→ Please indicate any other information you think would be helpful in considering you for employment with our company (additional education, experience, activities, accomplishments, specific skills). _____ _____ _____

REFERENCES

Give name, address and phone number of three references not related to you, and who are not previous supervisors.

Name & Occupation	Address	Phone Number

EMPLOYMENT HISTORY (Including any Military Service Experience)

Beginning with your present or last employer, list all full-time or part-time positions.

Company Name		Telephone
Address		Dates of Employment
Name of Supervisor		Hourly Rate
State Job Title and Describe Your Work	Reason for Leaving	

Company Name		Telephone
Address		Dates of Employment
Name of Supervisor		Hourly Rate
State Job Title and Describe Your Work	Reason for Leaving	

If more than two previous employers, list others here.

Employment Dates		Company and Address	Position or Type of Work	Reason for Leaving
From	To			

Comments (including explanation of any gaps in employment)

May we contact the employers listed above? Yes No If no, indicate below which one(s) you do not wish us to contact.

PRE-EMPLOYMENT STATEMENT - Read Carefully Before Signing

I authorize investigation of all statements in this application for employment as may be necessary in arriving at any employment decision.

I understand that any false answers or statements or misleading omissions made by me on this application, in connection with the above mentioned investigation, can be sufficient grounds for my rejection as a candidate for employment or immediate discharge. I authorize all my current or previous employers, education institutions, and other references listed above to furnish to the employer its agents any information, whether or not it is in their records, regarding my employment, educational record, personal character, or work or personal habits. I release all such persons or organizations from any and all liabilities or damages whatsoever from furnishing any of the above information.

I agree and understand that any employment offer is conditional until such time as the results of my reference checks, pre-employment drug testing, and/or post-offer medical examination, if any, are known.

Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the disabled person.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time; and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is in writing signed by the CEO of this organization, and directed specifically to me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Signature of Applicant

Date

Clinical applicants please attach if applicable: Copy of license, Copy of BLS/ACLS, TB date and verification, Hep B date and verification.