



Hospice of Lansing › Ionia Area Hospice › Stoneleigh Residence

## APPLICATION FOR EMPLOYMENT

To the applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, genetic information or any other protected status.

### PERSONAL

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Are you 18 years or older?  Yes  No Are you a U.S. citizen?  Yes  No

Are you authorized to work in the United States?  Yes  No

Have you been previously employed here?  Yes  No If yes, date(s) \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Have you filed an application before?  Yes  No If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Do you smoke?  Yes  No

What method of transportation will you use to come to work? \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for: \_\_\_\_\_

Kind of work sought:  Full time  Part time  Casual

Do you have any special training, skills, qualifications or other experiences that relate to the positions(s) applied for?  
\_\_\_\_\_

Salary desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the organization in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the organization may preclude any claim that the employer failed to accommodate the disabled individual.

**EMPLOYMENT EXPERIENCE** (List current or most recent job first)

<b>1</b>	Employer:	Date		Work Performed
	Address :	From	To	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Reason for leaving :			
<b>2</b>	Employer:	Date		Work Performed
	Address :	From	From	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Employer:			
<b>3</b>	Employer:	Date		Work Performed
	Address :	From	To	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Employer:			

List any other positions held on reverse of last sheet.

	Name of School	Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/ Training				

**REFERENCES** (Do not include relatives or former employers)

	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Years Acquainted</b>
1.				
2.				
3.				

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National Guard?  Yes  No

If yes, which branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Are you in the reserves?  Yes  No If yes, date obligation ends: \_\_\_\_\_

Special/technical training: \_\_\_\_\_

---

**ADDITIONAL INFORMATION**

Have you ever been convicted of a crime?  Yes  No If so, when, where and the nature of the offense: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No License No.: \_\_\_\_\_  
State issued: \_\_\_\_\_

State any information that you feel may be helpful to us in considering your application.

\_\_\_\_\_  
Name, address and telephone number of the person to be notified in the event of an accident or emergency: \_\_\_\_\_

---

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. **I agree that either party may terminate the employment relationship, with or without cause at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Executive Director.** I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the organization as they are from time to time changed, and no additional obligations can be imposed on the organization except those which have been acknowledged in writing, by the Executive Director or his designated representatives. I hereby authorize the organization to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of the property or money entrusted to me by, or owed by me to, the organization during the course of my employment.

I agree that any action or suit against the organization, its agents or employees, arising out of my employment or termination of employment, including, but **not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 182 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the organization, in which the organization prevails, I will pay to the organization any and all such costs incurred by the organization in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical (if a physical is required) are known.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature