



# MIDLAND COMMUNITY HEALTHCARE SERVICES, INC.

## 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.

**PLEASE PRINT**

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

STREET CITY STATE / ZIP CODE

TELEPHONE: \_\_\_\_\_

HOME CELL OTHER

If you are under 18, and it is required, can you furnish a work permit? .....  N/A  Yes  No

If No, please explain: \_\_\_\_\_

Have you ever been employed with **MCHS** before? .....  Yes  No

If Yes, give dates and positions: \_\_\_\_\_

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? ..... \$

Type of employment desired:  Full Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position? .....  Yes  No

Have you ever pled "guilty" or "no contest" or have been convicted of a "Felony"? .....  Yes  No

If Yes, give dates and details: \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR FROM EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN IN ACCOUNT.

Driver's License number \_\_\_\_\_ Authorizing State \_\_\_\_\_

**Employment History**

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$ PER	FINAL \$ PER

FROM	TO	EMPLOYER	TELEPHONE
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$ PER	FINAL \$ PER

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MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$ PER	FINAL \$ PER

Skills and Qualifications
Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the positions for which you are applying.

Educational Background (if job related)				
NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				
OTHER				

Professional References (Not relatives or those listed under employment, someone who can verify your work habits)			
NAME	TELEPHONE		# OF YEARS KNOWN
	WORK	RESIDENCE	

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with **MCHS** 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 (1) cancel further consideration of this application, or (2) immediately discharge me from **MCHS's** service, whenever it is discovered.

I expressly authorize, without reservation, **MCHS**, 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 **MCHS**, 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 **MCHS** 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 90 days. At the conclusion of that time, if I have not heard from **MCHS** 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 **MCHS** 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 **MCHS** is authorized to make any assurance 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 **MCHS's** Human Resources or Executive Management personnel.

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 of America and that federal immigration laws require me to complete an I-9 Form in this regard.

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