



Benzie County Medical Care Facility
210 Maple Avenue
Frankfort, MI 49635

Phone: 231-352-9674
Fax: 231-352-5001

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.

(PLEASE PRINT)

Position (s) Applied For:		Date of Application:	
How Did You Hear About Us? ☐ Advertisement ☐ Relative ☐ Friend ☐ Other: _____			
Last Name		First Name	Middle Name
Address:	Number	Street	City
		State	Zip Code
Telephone Number (s):		Social Security Number (Optional)	

Best time to contact you at home is.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before?..... ☐ Yes ☐ No

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... ☐ Yes ☐ No

Are you currently employed?..... ☐ Yes ☐ No

May we contact your employer?..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work ☐ Full-Time (please indicate 1st 2nd 3rd shift)

☐ Part-Time (please indicate Mornings Afternoons Evenings)

Are you currently on "lay-off" status and subject to recall?..... ☐ Yes ☐ No

Can you travel if a job requires it?..... ☐ Yes ☐ No

EDUCATION

	Name and Address Of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Living					
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of this job, for which you are applying, either with or without a reasonable accommodation. ☐ Yes ☐ No

REFERENCES

1. _____ (____) _____
2. _____ (____) _____
3. _____ (____) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

I understand that after a conditional offer of employment has been made. I will be subject to a pre-employment physical, drug screen test and a criminal background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 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 specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date