

EMPLOYMENT HISTORY - List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			

REFERENCES- Give the name, address, and telephone number of three references who are not related to you.

Name
Address (Street, city, state, zip code)
Telephone
Name
Address (Street, city, state, zip code)
Telephone
Name
Address (Street, city, state, zip code)
Telephone

General Notice and Application Authorization

I understand that I may be required to submit to a physical examination, which may include a drug test, background check and finger printing, prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I authorize Tuscola County Medical Care Community to investigate all statements made in this application about my previous employment, education, and skills. I hereby release from liability all persons, employers, companies/ corporations, or schools supplying any information in connection with my application.

I hereby certify that all of the information I have given on this application form is true and complete. I understand that any false statements or omissions, whether intentional or unintentional and later discovered, may be cause for refusal to hire me or may be cause for immediate dismissal without future notice or severance.

In the event of termination I understand any dispute and/or litigation regarding such termination shall be limited to the six month period following the date of termination.

I understand that no one, other than an authorized representative of the Community has the authority to enter into an agreement with me and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

I understand that this application will remain in effect for 1 year.

I understand and agree that if hired by Tuscola County Medical Care Community, my employment may be terminated at will by either myself OR Tuscola County Medical Care Community

(Signature of Applicant)

(Date)