APPLICATION FOR EMPLOYMENT Tuscola County Medical Care Community

Please complete and bring this application to the Personnel Department located inside the Business Annex, email it to chuizar@tcmcf.org, or fax it to (989) 672-0589.

Have you everfiled an application	POSITION APPLIED FOR:					
withusbefore? ves no	1			ļ		
lfyes, when	1					
Name (Last, first, middle)						
Address (Street, city, state, zip code)						
Telephone						
Specify any days or times you are not	What shift(s) are you willing to work?					
available for work:		,				
Salary Expectation:	Date Available for	ľ	Employment Sta Full Time			
\$ Per	work:	ļ		님		
	Date Started	+	Part Time Date Left	Ц		
Have you ever been employed by the Yes Tuscola County Medical Care Facility? No	Date Starten		Date Len			
Do you have the legal right to remain and work in thi	is country? 🔲 Yes 🔲 No	. <u> </u>				
If yes, Verification will be required if hired.						
Emergency Contact						
First Name	Last Name	Relation				
Street Address		City				
Phone Number(s)		<u> </u>				
PROFESSIONAL LICENSES, REGISTRATIONS, AI	ND/OR CERTIFICATIONS					
List all states in which you are or have been licensed or c		tech additional	nanes if			
·	etimed and any national continues.	dullauunus	payesn	l		
necessary.				I		
				I		
				I		
EDUCATION						
SCHOOL	LOCAT	ΓION		DEGREES		
4			1			

How did you hear about this job

Did a current employee recommend that you apply? $\frac{Yes}{No}$

If yes, whom?

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	loyer's Name		Dates (month and year):		
		From To			
Address (Street, city, state, zip code)		Telephone			
Supervisor (Name & title)	Your title		Salary		
Duties & responsibilities	1				
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	1				
Reason for leaving					
Employer's Name		Dates (month and year): From To			
Address (Street, city, state, zip code)		Telephone			
Supervisor (Name & title)	Your title	<u> </u>	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 refrences who are not related to you.

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

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)

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for the postion(s) applied for without regard to race, color, religion, sex, national origin, age, citizenship status, or disability. Applicants may request any needed accommodation to participate in the application process. This facility complies fully with: Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; The age Discrimination Act of 1975.