

NAME (Last, First, Middle)

APPLICATION

FOR

EMPLOYMENT

Pennock Health Services is proud to be a Tobacco-Free Work Day Environment.

Pennock

HEALTH  SERVICES

your partners in personal, professional, progressive care

POSITION(S)
APPLIED FOR

Pennock Health Services is only accepting applications/resumes for current openings*. If you do not see a position that you are interested in applying for at this time, please check our website frequently for the current posting information.

**This does not apply to the following positions: Registered Nurses, LPN's, Pharmacists, Physical Therapists, Physician Assistant, Coders and Transcriptionists, Respiratory Therapists, Laboratory Technologists, and Radiological/Imaging.*

DATE

An Equal Employment Opportunity Employer
We comply with all applicable state and federal civil rights and equal employment laws and regulations.

Rev. 5/08

Human Resources Department
1009 West Green Street
Hastings, MI 49058-1790
Phone (269) 948-3112
Fax (269) 945-0825
www.pennockhealth.com

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED.

PERSONAL

LAST NAME		FIRST	MIDDLE	EMAIL
ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE NO.	CELL TELEPHONE NO.		WORK TELEPHONE NO.	
SPECIFIC POSITION(S) APPLIED FOR			SALARY DESIRED	
HOW WERE YOU REFERRED TO THIS FACILITY? (If advertisement, which paper?)			ARE YOU APPLYING FOR 1) FULL TIME <input type="checkbox"/> or PART TIME <input type="checkbox"/> 2) PERMANENT <input type="checkbox"/> or TEMPORARY <input type="checkbox"/>	
RELATIVES OR FRIENDS EMPLOYED BY PENNOCK? YES <input type="checkbox"/> NO <input type="checkbox"/> NAME _____ RELATIONSHIP TO YOU _____			DATE AVAILABLE FOR WORK	
HAVE YOU EVER BEEN EMPLOYED BY PENNOCK? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?		ARE YOU 18 YRS. OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		WOULD YOU CONSIDER WORKING 1) ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> 2) WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> 3) ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> 4) ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS			SHIFT PREFERENCE 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/>	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO IF YES, WHEN: _____
WHERE? _____ **WHAT WAS THE NATURE OF THE OFFENSE?** _____

ARE THERE ANY FELONY OR MISDEMEANOR CHARGES PENDING AGAINST YOU? YES NO IF YES, EXPLAIN: _____

A felony conviction does not automatically disqualify you from employment. Rather, the organization's decision will be determined on whether the conviction relates in some way to the position applied for. I hereby give consent to Pennock Health Services Human Resources Department to conduct a criminal history check. Pennock Health Services agrees to limit the use of a conviction criminal record furnished for the purpose of employment screening procedures, only, and will not provide this information to any other agency or individual unless in the interest of criminal justice. Also, this information will be protected from unauthorized access, alteration, or destruction.

Signed: _____ Date: _____

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE								
						<input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER SPECIAL COURSES OR TRAINING _____

AREA OF SPECIALIZATION OR MAJOR INTEREST _____

COMPUTER / OFFICE SKILLS

COMPUTER EXPERIENCE: YES NO TYPING SPEED _____ MEDICAL TERMINOLOGY: YES NO

TYPES OF SOFTWARE USED: _____ OTHER: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED
 OR
 ARE YOU ELIGIBLE FOR: REGISTRATION LICENSURE CERTIFICATION

IF LICENSED, REGISTERED, OR CERTIFIED:	TYPE	STATE ISSUED	EXP DATE	NO.
	TYPE	STATE ISSUED	EXP DATE	NO.
	TYPE	STATE ISSUED	EXP DATE	NO.

NOTE: If you are attaching a resume, please provide any information requested which is not on your resume. RESUME ATTACHED? YES NO

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS, AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	DATE FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE				
EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE				
EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE				
EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE				
EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				

PLEASE STATE IF YOU DO **NOT** WANT US TO CONTACT ANY OF THE ABOVE FORMER OR CURRENT EMPLOYERS: _____

HAVE YOU EVER BEEN EMPLOYED USING A DIFFERENT NAME? If yes, (Maiden, etc.) please print: _____

ARE YOU, OR HAVE YOU EVER BEEN DISQUALIFIED FROM MEDICAID, MEDICARE OR OTHER FEDERAL PAYOR PROGRAM? YES NO

IF YES, PAYOR NAME: _____

PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY. _____

REFERENCES

DID YOU SERVE IN THE U.S. ARMED SERVICES? YES NO WHAT BRANCH?

WHAT WAS YOUR OFFICIAL DISCHARGE STATUS FROM THE SERVICE?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE MILITARY RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS, HONORS, OFFICES HELD (exclude those which may disclose your race, religion, gender, national origin, etc.)

VOLUNTEER ACTIVITIES, OTHER:

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

DISCLOSURE

READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING BELOW:

I authorize any third parties, including former employers, schools, law enforcement authorities, and any persons named above, to give Pennock Health Services any information they have regarding me and my background, whether or not such information is contained in written records. I hereby release these third parties from all liability for any damage whatsoever for providing information to Pennock Health Services in connection with this application. I also release Pennock Health Services, its agents, employees, and representatives from any liability in connection with their collection and use of information obtained from third parties during the application process.

I certify that all information furnished in this application, signed and dated by me on this date, is true and complete to the best of my knowledge and belief, and that falsification or omission of information requested in this application or in the application process shall be grounds for disqualification from further consideration or for termination.

I understand that if an employment offer is extended, I will be required to undergo a physical examination and/or drug screen test at the expense of Pennock Health Services. I further understand that if I do not successfully complete/pass the physical examination and/or drug screen test, Pennock Health Services may refuse to hire me, and I agree to hold Pennock Health Services harmless for such refusal. I also understand that employment is conditional on my ability to verify my identity and eligibility for employment as required by the Immigration Reform and Contract Act of 1986.

I further agree to conform to the rules and regulations of Pennock Health Services. I understand that no variations from or alterations to the terms of employment as outlined in the Employee Handbook can be made except by written agreement, signed by an administrative representative of Pennock Health Services.

I further agree that if employed by Pennock Health Services, I hereby acknowledge that I understand that there is no smoking on hospital premises, nor am I permitted to smoke during my workday; as Pennock Health Services is a smoke-free and a tobacco-free workday environment. Should I become employed by Pennock Health Services, I certify that I will comply with this requirement as a condition of employment and understand that I will be disciplined for any infraction of this policy, which may ultimately result in termination from Pennock Health Services.

I agree and understand that any employment which may be offered to me will not be for any definite period of time and that such employment is subject to termination by me or by Pennock Health Services at any time, with or without cause. I also agree and understand that nothing contained in this application nor any verbal statements made during the application process or during my employment shall be deemed to constitute an employment contract between me and Pennock Health Services.

DATE: _____ SIGNATURE: _____