

SCHEURER HEALTHCARE NETWORK EMPLOYMENT APPLICATION

Name _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____ E-Mail: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief <input type="checkbox"/> Summer	Date _____ Social Security # _____ Date of Availability _____ Position Applied for _____ Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION AND TRAINING

	Name and Location	Years Attended	Major Courses/Program of Study	Year Graduated
High School				
College				
Graduate				
Other Schools				

For Professional Applicants: Type of License _____ Registration No. _____

Registered in Michigan: Yes No In other states: Yes No If yes, what state(s)? _____

PREVIOUS EMPLOYMENT RECORD (list current or most recent first)

Name and Phone Number	From Mo./Yr.	To Mo./Yr.	Job Title and Duties	Reason for Leaving/ Name of Supervisor

May we contact your present employer? Yes No Any other name(s) you were employed under _____

Have you ever been employed by Scheurer Healthcare Network? (Hospital - Clinics – Pharmacies - CBV-Country Gardens -Vision Center-Fitness Centers) Yes No

If yes, please complete: From _____ to _____ Department _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require any visa to maintain your legal employment status in the United States? Yes No

If someone referred you to Scheurer Healthcare Network, please name that person: _____

Are there any other experiences, skills or qualifications not already set forth in this application which increase your value to the company? _____

Name, address, and telephone number of the person to be notified in the event of an accident or emergency?

Scheurer Healthcare Network offers equal employment opportunity to all qualified persons, without regard to age, ancestry, color, disability, genetic information, marital status, military service, national origin, political affiliation, race, religion, sex, sexual orientation, veteran status, or any other characteristics/status protected by law. Assistance will be provided to you in completing this application and/or job interview upon request.

CAREFULLY READ AND COMPLETE THE FOLLOWING QUESTIONNAIRE

Have you ever been convicted of a criminal offense (felony or misdemeanor) related to (1) fraud, theft, embezzlement or any financial misconduct; (2) the neglect or abuse of patients; (3) the unlawful use, manufacture, distribution, prescription or dispensing of a controlled substance; (4) Medicare, Medicaid or other federal or state health care program; or (5) the subject of an order of a disposition in a finding of not guilty by reason of insanity (NGRI) ? Yes No

If yes, please explain and provide information about the offense, the date, the jurisdiction, the penalty, and any other relevant information.

Are there any felony criminal charges of any type (in federal or state court) currently pending against you? Yes No

If yes, please explain and provide information about the offense, the date, the jurisdiction, the penalty, and any other relevant information.

Are you now, or have you ever been, temporarily or permanently excluded from participation as a provider in Medicare, Medicaid or any other federal or state health care program? Yes No

If yes, please explain the cause or offense, the date of exclusion, the jurisdiction, the penalty, and any other relevant information.

To your knowledge, have any of your prior employers been temporarily or permanently excluded from participation in Medicare, Medicaid or any other federal or state health care program? Yes No

If yes, to the best of your ability, please indicate which employer, the dates of exclusion, and any other relevant information.)

(Exclude Relatives or Former Employers)

PERSONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years Acquainted</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AGREEMENT

(Please read the following statements carefully)

NOTE: Applicants will be subjected to a criminal background check, and post-offer drug testing, physical and fingerprinting as a condition of employment. I agree that my employment is conditional until such time as the results are known. The fingerprint results can be disputed through the appeals process as defined by the State of Michigan. Scheurer Healthcare Network is a smoke free campus as of July 1, 2008.

I hereby affirm that the information provided on this application, accompanying resume (if any), and any subsequent information is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize Scheurer Healthcare Network and its agents to investigate all statements contained herein, and the references listed above, including records of any former employers, educational institutions, any police departments, any public or court records, credit or consumer reports, and any other references or sources related to my application for employment or my resume. I authorize all such references and sources to release this information without liability for damage incurred in providing it. Further, I release Scheurer Healthcare Network and its agents from any liability and related damages arising out of any reasonable background investigation.

Date _____ Signature _____

VOLUNTARY AFFIRMATIVE ACTION SURVEY

As a government contractor, **Scheurer Healthcare Network (SHN)** is required to take affirmative action in the employment process. In order to comply, you are invited to voluntarily complete this survey to help SHN evaluate its efforts as an Equal Opportunity/Affirmative Action employer. If you choose to decline, it will not subject you to any unfavorable treatment. The information gathered will be kept confidential and may only be used to evaluate the success of our Affirmative Action Plan and in accordance with the provisions of applicable laws. When reported to the government, data will not identify any specific individual. **This survey form will be kept separate from all other application forms, unless you indicate otherwise.**

Please make your selections by checking the appropriate boxes below.

1. APPLICANT NAME (Please Print):		
LAST	FIRST	M.I.
2. PLEASE IDENTIFY YOUR GENDER (Circle One):		
Female		Male
3. PLEASE IDENTIFY YOUR RACE/ETHNICITY (Please select only one):		
	Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	
	White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
	Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.	
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
	Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
	American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.	
	Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.	

Please tell us how you heard about this Job:

- SHN Website
- Company Reputation
- Michigan Talent Bank
- Self (Walk-in)
- Through a friend
- Recruiter (Please tell us which agency: _____)
- Newspaper Ad (Please indicate which newspaper: _____)
- Journal or Magazine (Please indicate the name of the publication: _____)
- School/College Campus/Career Center
- Employee Referral (Please tell us who referred you: _____)
- Job Fair
- Professional Association
- Other _____

I do I do not want this information to be revealed to the department that is hiring.

Signature of Applicant

Date

We appreciate your cooperation and thank you for helping us accurately report this information.