

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
---	--

EDUCATION AND TRAINING

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

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 at this time? Yes No

Any other name 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? _____

Scheurer Healthcare Network offers equal employment opportunity to all qualified persons, without regard to race, religion, color, national origin, age, sex, height, weight, citizenship, ancestry, marital status, disability, veteran status, sexual orientation, or any other characteristics 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.)

PERSONAL REFERENCES

(Exclude Relatives or Former Employers)

Name

Address

Phone

Occupation

AGREEMENT

(Please read the following statements carefully)

NOTE: Applicants will be subjected to a criminal background check, drug testing and fingerprinting as a condition of employment. The fingerprint results can be disputed through the appeals process as defined by the State of Michigan. Scheurer Healthcare Network will be a smoke free campus as of July 1, 2008.

I hereby affirm that the information provided on this application (and accompanying resume, if any) 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 _____