



2690 S. Cleveland Avenue
 St. Joseph, MI 49085
 269-428-2800
 sswhc.org

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For:	Date:
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name	First Name	Social Security No:
Street Address:		Home Telephone:
City:	State:	Zip:
		Cell Telephone:

Best time to contact you at home is ____:____ am/pm

Have you ever filed an application with us before?
 Yes No
 If yes, give date _____

Have you ever been employed with us before?
 Yes No
 If yes, give date _____

Do you have any friends or relatives employed here?
 Yes No

Are you currently employed?
 Yes No

May we contact your current employer?
 Yes No

Are you currently on "lay-off" status and subject to recall?
 Yes No

Can you travel if a job requires it?
 Yes No

U.S Citizen:
 Yes No

Are you 18 years or older?
 Yes No

Type of position applying for:

Full time

Part time

Temporary

Volunteer

***We are an
 equal
 opportunity
 employer.***

Education

	Name and Address	Major	Date of Graduation
High School / GED			
College			
College			

Licenses

List current professional certifications and registrations	Number	State Issued	Date Received

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and office held. *You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status.*

Employment Experience *(list most recent job first)*

Job Title:	From:	To:	Supervisor:	Last Salary:
Employer Name / Address:			Phone Number:	
Duties: _____ _____ _____				
Reason for Leaving:				

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Duties: _____ _____ _____				
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Employer Name / Address:			Phone Number:	
Duties: _____ _____ _____				
Reason for Leaving:				

Additional Information

Please check all additional skills that apply:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Typing (WPM ____) | <input type="checkbox"/> PC / Mac | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Shorthand (WPM ____) | <input type="checkbox"/> Typewriter | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet | _____ |
| | | _____ |

State any additional information you feel may be helpful to us in considering your application:

Please list at least two names in each of the following sections.

Work References

1. Name:	Phone Number:
Address:	How long you have known them:
2. Name:	Phone Number:
Address:	How long you have known them:
3. Name:	Phone Number:
Address:	How long you have known them:

Personal References

1. Name:	Phone Number:
Address:	How long you have known them:
2. Name:	Phone Number:
Address:	How long you have known them:
3. Name:	Phone Number:
Address:	How long you have known them:

Applicant's Statement

I certify that answers given in this document are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time the the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations fo the employer.

_____ Signature of Applicant _____ Date _____

For Personnel Department Use Only

Position Applied for is Open: Yes No

Arrange Interview: Yes No

Remarks: _____

Position Considered for: _____

_____ Signature of Supervisor _____ Date _____

