



HELEN NEWBERRY JOY
HOSPITAL & HEALTHCARE CENTER
growing a healthier community

502 W. Harrie Street • Newberry, MI 49868 • (906) 293-9246 • Fax (906) 293-9208

Application For Employment

Last Name: _____ First Name: _____ Date: _____

Position(s) applied for: 1. _____ 2. _____
 3. _____ 4. _____

Status Desired: _____ full time _____ part time _____ temporary

Shift(s) Preferred: _____ First (days) _____ Second (afternoons) _____ Third (Nights) _____ Any

Date available to begin work: _____

Have you previously been employed by this organization? _____ Yes _____ No

If so, when? From _____ to _____ What department(s)? _____

Do you have relatives employed in this organization? _____ Yes _____ No

(if you have family members working within the organization, please check with Human Resources for the policy on hiring relatives.)

We offer equal opportunity employment to all individuals and do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, disability, height or weight, unless required to do so by law or bona fide occupational qualification.

The questions on this application form are intended to be non-discriminatory in nature, and applicants are not required to submit any information which could be used for discriminatory purposes.

last name

first name

date

Personal Information

Last Name _____ First Name _____ M.I. _____

Please indicate any other name(s) you have which would be required to check your work record/references:

Address _____ City _____ State/Zip _____

Home Phone _____ Other Contact Phone _____

In case of emergency, contact:name/relationship _____

Address _____ Phone _____

Social Security Number _____

Are you over 18 years of age? ___ Yes ___ No

Are you a citizen of the United States? ___ Yes ___ No

If no, do you have the legal right to remain and work in the United States? ___ Yes ___ No VISA Type _____

Michigan P.A., XX 2006: Applicability of Criminal Background Checks

Pursuant to Public Act XX of 2006, Helen Newberry Joy Hospital & Healthcare Center is required to perform criminal background and fingerprint checks on all applicants.

HNJH will not consider employing any individual with any felony conviction or one or more of the [misdemeanor] criminal offenses listed below unless that individual has completed all the terms and conditions of his or her sentencing, parole, and probation for that misdemeanor conviction and, as defined in PAXX of 2006, the specified period of time has lapsed immediately preceding the date of application for employment or clinical:

Felony – Any felony or an attempt or conspiracy to commit any felony.

Misdemeanor – A misdemeanor listed below:

- involving abuse or neglect.
- involving cruelty or torture unless otherwise provided under subdivision (e).
- involving criminal sexual conduct.
- involving vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL750.145m to 750.145r.
- involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
- involving cruelty if committed by an individual who is less than 16 years of age.
- involving home invasion.
- involving embezzlement.
- involving negligent homicide.
- Larceny unless otherwise provided under subdivision (g).
- retail fraud in the second degree unless otherwise provided under subdivision (g).
- any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).
- assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- retail fraud in the third degree unless otherwise provided under subdivision (g).
- a misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.74 01 to 333.7461 relating to controlled substances, unless otherwise provided under subdivision (g).
- a misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, if the individual, at the time of conviction, is under the age of 18.
- larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.

If you have questions or need more information please contact HNJH Human Resources

Education and training

School Type (High School/College)	School Name	City/State	No. Years Completed	Type of Diploma or Degree

Please list any work training programs, seminars, extra curricular activities, or other educational experience relevant to the position(s) applied for:

Are you currently taking courses? Yes No If yes, what type: _____

Professional skills and licenses

typing? yes no _____ wpm shorthand? yes no _____ wpm dictaphone? yes no _____ wpm	computer experience? yes no if yes, what software: _____ _____
medical terminology? yes no	other hospital equipment?

License/certificate type	State	Issued	Expires	License number

Foreign Language(s) _____ read write speak good fair fluent

Experience

Your application will not be processed nor will you be hired unless all information required below is provided by you. Please attach a resume if one is available.

Addresses of former employers, supervisors, and all telephone numbers must be accurate and the telephone number of supervisors/former supervisors must be the most direct and current. If a supervisor is no longer with the organization, this must be indicated on the form and another appropriate individual who worked with you at that employer (ie: to serve as the reference) must be identified with telephone number. Again, it is **YOUR** responsibility to complete your application as herein described. If you are unsure about any of the required information, you should not submit the application until you have personally verified the information with your former employer.

Dates	Company	Supervisor & Phone #	Reason for Leaving
position/work performed: _____			
Dates	Company	Supervisor & Phone #	Reason for Leaving
position/work performed: _____			
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position/work performed:

Certification and Authorization

Please read carefully before signing this application

I certify that the answers that appear on this application are complete and true. I hereby authorize Helen Newberry Joy Hospital & Healthcare Center and/or its agents to verify any or all of the information provided on this application. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my qualifications for the position sought. I also release any individual, partnership or corporation which presently or formerly employed me, and school I attended, their officers, agents and employees and any law enforcement agency from any liability for any damage whatsoever for issuing such information in good faith and without malice concerning my competence, ethics, character and other qualifications.

Should I become an employee at this organization, I also release Helen Newberry Joy Hospital & Healthcare Center from any liability for any damages whatsoever for issuing such information in good faith and without malice concerning my competence, ethics, character and qualifications to other individuals/institutions who have a legitimate and common interest in the subject matter.

I realize that falsification or omissions of any information on this application or during any interview, will be grounds for rejection of my application or discharge at any time during my employment. I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination may result in rejection of my application or discharge at any time during my employment. I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I will submit to any medical examination deemed necessary by Helen Newberry Joy Hospital & Healthcare Center to evaluate my physical and mental fitness for employment. If employed, I will submit to any physical or mental examination deemed necessary by Helen Newberry Joy Hospital & Healthcare Center to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state and federal law. If employed, I agree to observe at all times all hospital rules and regulations. I also understand that I must continue to be available to work on any shift or in any area of the hospital where I am needed. I understand and agree that the Hospital has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented to the extent not limited by law or contract.

I hereby acknowledge that I have read and understand the preceding statements.

Signature of Applicant

Date

Current job openings are posted in the hall by the Cafeteria and at the Information Office or you can visit our website at www.hnjh.org.

Inquiries about available job postings may also be directed to Human Resources at 906-293-9246.