



Employment Application

PERSONAL INFORMATION

Last Name:

First Name:

Middle Initial:

Other Names Used:

Address:

P.O. Box:

City:

State:

Zip Code:

Country:

E-mail Address:

Phone:

Alternate Phone:

Are you over the age of 18?

Are you legally eligible to work in the US?

If you are not a US citizen, please list type of Visa and expiration date:

Visa Type:

Visa Expiration Date (mm/yyyy):

Have you used illegal drugs or controlled substances without a prescription in the last two years?

If yes, please explain:

Have you ever been convicted of a misdemeanor or felony offense? (A conviction of crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, remoteness of the

offense, type of offense, and rehabilitation will be taken into account in determining effect of suitability for employment).

If yes, please explain:

Are you currently excluded, or are you aware of any potential exclusion from participation in Federally-funded health care programs including Medicare and Medicaid?

Have you ever applied to Deckerville Community Hospital?

If yes, when and what position?

Are you currently or have you ever been employed by Deckerville Community Hospital or Affiliates?

If yes, when and what department?

Are you related to any team member or board member of Deckerville Community Hospital or Affiliates?

Relation's Name:

POSITION APPLIED FOR

Position Name:

Position Department:

Check all that apply:

Status:

Full Time

Part Time

Casual/Relief/Contingent

Shift:

Days

Afternoons

Nights

Availability:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

EDUCATION AND TRAINING

High School or Equivalent:

School Address:

Diploma or Degree Attained:

College:

School Address:

Diploma or Degree Attained:

Technical or Vocational School:

School Address:

Diploma or Degree Attained:

Post-Graduate or Other Training:

School Address:

Diploma or Degree Attained:

Specialized Skills (including medical terminology) Obtained:

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS:

Type of License/Registration/Certification:

License/Registration/Certification Number:

State Where Issued:

Original Date Received:

Expiration Date:

Additional License/Registration/Certification:

Type of Additional License/Registration/Certification Number:

State Where Issued:

Original Date Received:

Expiration Date:

Professional Memberships/Organizations:

EMPLOYMENT RECORD

List each employer, beginning with the most recent.

Company Name (most recent position):

Address, City, State, Zip:

Job Title:

Date Employed: From: (mm/yyyy) To: (mm/yyyy)

Average Hours Worked per Week:

Rate of Pay:

Describe Responsibilities:

Reason for Leaving:

Manager/Supervisor Name and Phone Number:

Manager/Supervisor E-mail Address:

May we contact your Manager/Supervisor?

Company Name (second most recent position):

Address, City, State, Zip:

Job Title:

Date Employed: From: (mm/yyyy) To: (mm/yyyy)

Average Hours Worked per Week:

Rate of Pay:

Describe Responsibilities:

Reason for Leaving:

Manager/Supervisor Name and Phone Number:

Manager/Supervisor E-mail Address:

May we contact your Manager/Supervisor?

Company Name (third most recent position):

Address, City, State, Zip:

Job Title:

Date Employed: From: (mm/yyyy) To: (mm/yyyy)

Average Hours Worked per Week:

Rate of Pay:

Describe Responsibilities:

Reason for Leaving:

Manager/Supervisor Name and Phone Number:

Manager/Supervisor E-mail Address:

May we contact your Manager/Supervisor?

REFERRAL INFORMATION

___ Deckerville Community Hospital Website

___ Deckerville Community Hospital Employee Name:

___ Social Media

___ Other Website/Job Board

___ Printed Advertising

___ Radio Ad

___ Other Describe:

REFERENCES

Reference #1 Name:

Position/Title:

Phone Number:

E-mail Address:

Reference #2 Name:

Position/Title:

Phone Number:

E-mail Address:

Reference #3 Name:

Position/Title:

Phone Number:

E-mail Address:

WE CARE Service Excellence Standards

We are **Welcoming**

- I will introduce myself when I first come into contact with our clients. My nametag will be worn above the waist at all times.
- I will address our clients in a formal manner, unless given permission to do otherwise.
- I will present myself with good body language and eye contact when greeting clients and my co-workers.

We **Exceed** Expectations

- I will take ownership and accountability for my actions.
- I will take an active role in ensuring that our clients' needs are met at all times, "Not my job" is unacceptable.
- I will take the initiative to anticipate our client's needs. I will be proactive versus reactive.
- I will handle all situations, good or bad, calmly and with grace.

We are **Courteous, Compassionate** and Caring

- I will give my full attention and take my time when assisting clients.
- I will be courteous at all times. (i.e. "Thank you, and "Hi" in the hallways)
- I will show compassion when dealing with clients and co-workers.
- I will be a caring champion for our customers and ensure that their concerns are heard.

We **Anticipate** Our Customers' Needs and Take Action

- I will encourage and provide an opportunity for our clients to express their questions, concerns, and give input.
- I will involve and acknowledge other departments' needs.
- I will keep clients informed on their expectations.
- I will look for areas of improvement in my department and share ideas on improvement processes.

We are **Respectful**

- I will actively listen to our clients and my co-workers.
- I will treat my co-workers as valued team members.
- I will not be distracted by social media devices while at work.
- I will encourage collaboration, teamwork, and gratitude among my co-workers.

We **Strive** for Excellence in Service

- I will provide our clients and co-workers with access to appropriate resources.
- I will go above and beyond to provide an exceptional experience for our clients and co-workers.
- I will take an active role in remaining updated and current in my profession.

ATTESTATION

I certify that the information I have provided on this application is true and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my application. I fully understand that the misrepresentation or omission of facts or circumstances will be sufficient cause for rejection of my application if Deckerville Community Hospital has not employed me and for immediate dismissal if Deckerville Community Hospital has employed me.

I grant permission to Deckerville Community Hospital's employment representatives to contact any of the employers, supervisors, managers, educational institutions, and/or references listed in this application unless I have indicated to the contrary in the appropriate fields on this application. I authorize my former and/or current employer(s) to release information pertaining to my work record, work habits, and my work performance while in their employ. I understand that Deckerville Community Hospital may and hereby authorize it to solicit information regarding my character, criminal background record, driving record, previous employment, and/or similar background information pertaining to the position for which I am applying and hereby release all individuals and organizations from any liability or damages which may result from furnishing such information. I waive any right, under Public Act 397 of 1978, to receive written notice from this Hospital or former employers that such information has been released. I understand that the policies, rules, regulations of employment, this application, anything said during the interview process, or any verbal offer of employment shall not be deemed to constitute the terms of an implied employment contract. I understand that employment with Deckerville Community Hospital is contingent upon proof of identity of verification of eligibility of employment in the United States, in accordance with the Immigration Reform Act of 1986. Deckerville Community Hospital provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state, and local laws. Deckerville Community Hospital complies with applicable laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training.

APPLICANT CONFIRMATION

In conjunction with my application for employment, I have read and agree to uphold the DCH WE CARE Service Excellence Standards at all times should I be selected for employment.

I have read and understand the above, and hereby certify that the facts I have provided in my employment application are true and complete.

Signature

Date