

HEALTH CARE INNOVATIONS

Leaders in Nursing Excellence

7701 Grand River Suite 100 – Brighton, MI 48114

Phone (810) 227-7544 Fax (800) 476-2066

Website: www.hcinnov.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. No person shall be discriminated against in employment because of race, religion, color, sex, national origin, disability or any other legally protected status.

INSTRUCTIONS: Please type or print clearly in ink. Answer every item on this form completely and accurately, without concealing or omitting any information.

PERSONAL INFORMATION

Last Name	First	Middle
Number & Street		Apt. #
City	State	Zip
		County
Telephone Number	Alternate Number	
Email	Driver's License Number	
Are you 18 years or older?	Yes	<u>No</u>
Are you authorized to work in the United States?	Yes	<u>No</u>
Have you ever been convicted of a crime (felony or misdemeanor)? If yes, give specifics:	<u>Yes</u>	No
Are there any felony charges currently pending against you?	<u>Yes</u>	No
Are you currently, or have you ever, been involved as a defendant/co-defendant in professional malpractice litigation? If yes to either question, please give specifics:	<u>Yes</u>	No
Do you have a reliable means of transportation?	Yes	<u>No</u>
For positions that require driving, do you have a valid driver's license?	Yes	<u>No</u>
Have you ever worked for this company under a different name? If yes, explain:	<u>Yes</u>	No
Is any additional information relative to a different name necessary to check your work record? If yes, explain:	<u>Yes</u>	No
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodations?	Yes	<u>No</u>
If hired, would you be in violation of a non-compete agreement with current/past employer?	<u>Yes</u>	No

AVAILABILITY TO WORK

Position Applying For:	Application Date:
Wage/Salary Requirement:	Date you can start:
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Campus Recruiting <input type="checkbox"/> Job Fair	
<input type="checkbox"/> Referral Name:	<input type="checkbox"/> Other:

Type of Employment Desired:	() Full-Time (40 Hours per work week)
	() Part-Time (Less than 40 hours per work week)
	() Contingent (On-call, as needed)
	() Temporary (6 months or less)
Shift Desired:	() Afternoons () Midnights
Days	
Are you available to work weekends:	Yes No
Are you available to work holidays:	Yes No

EDUCATION

Name	City/State	Diploma/Degree	Major	Name at School
High School				
College				
Graduate				
Vocation/Tech				
Other				
Please list special courses, schooling or other skills that would assist you in performing desired position:				

PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATION OR ACCREDITATION

State	Number	Expiration Date	Type of Credential
Have you ever had any action against your professional license/certification/registration/accreditation, revoked or suspended?			<u>Yes</u> No
If yes, explain:			
Are you currently under investigation regarding your professional license/certification? If yes, explain:			<u>Yes</u> No
Are you currently certified in:		Expiration Date:	
FIRST AID			
Primary Language Spoken: _____			
Other Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Translate <input type="checkbox"/> Understand <input type="checkbox"/> Write			
Other Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Translate <input type="checkbox"/> Understand <input type="checkbox"/> Write			

EMPLOYMENT HISTORY (begin with most recent)

Employer Name & Address	Telephone Number	County
Employed From: _____ To: _____	Job Title: _____	
Immediate Supervisor's Name: _____	May we contact? _____	
Starting Salary: _____	Ending Salary: _____	
Describe Duties		
Reason for Leaving:		
Employer Name & Address	Telephone Number	County
Employed From: _____ To: _____	Job Title: _____	
Immediate Supervisor's Name: _____	May we contact? _____	
Starting Salary: _____	Ending Salary: _____	

Describe Duties		
Reason for Leaving:		
Employer Name & Address	Telephone Number	County
Employed From:	To:	Job Title:
Immediate Supervisor's Name	May we contact?	
Starting Salary:	Ending Salary:	
Describe Duties		
Reason for Leaving:		

PLEASE READ AND SIGN BELOW

The facts set forth in this application are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure by any third party contacted by **INNOVATIONS** of my present and prior work record, educational history, professional licenses and related credentials. I understand that this investigation may include a criminal history record check and motor vehicle record check. I understand that my employment is contingent upon this investigation and, if employed, false statements in this application may result in termination at any time.

I hereby release **INNOVATIONS** and any prior employer from any obligation to provide me with written notification of such disclosure. I understand this may include a record of disciplinary action assessed by my previous employer.

I recognized that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by **INNOVATIONS**, such employment will not result in a contract for employment and that **INNOVATIONS** may terminate my services, with or without cause and with or without notice, and at any time.

I further recognize that if I am employed by **INNOVATIONS**, I will receive a wage or salary and may receive benefits. I also will be subject to rules and regulations; but I agree that such wages or salary, benefits, and rules and regulations are subject to change by **INNOVATIONS** at any time, with or without notice to me.

I recognize that if employed by **INNOVATIONS**, I agree, in partial consideration for my employment, that I shall not commence any action or other legal proceedings relating to my employment or the termination thereof after the applicable statute of limitations or one year after the termination of employment, whichever is shorter. Any term to be found unenforceable as written may be enforced as far as legally possible. I also agree to notify **INNOVATIONS** immediately (within 72 hours of my being notified) if I am involved as a defendant/co-defendant in professional malpractice litigation.

I further recognize that my assigned work hours may be modified; and if requested, I will be required to work overtime.

I further recognize that nothing contained in any documents published by **INNOVATIONS** shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by **INNOVATIONS**, except by a written document signed by the Chief Executive Officer.

APPLICANT SIGNATURE: _____ DATE: _____