

(Expires After 60-Days if Not Hired)

To The Applicant: We appreciate your interest in FHSC and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

Please complete the entire application and sign the Authorization and Understanding on the final page. This section sets forth conditions of employment that apply to all of our employees throughout their employment with FHSC.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital or veteran status, arrest record, or the presence of a medical condition or disability.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone _____
(Number) (Street) (City) (Zip)

E-Mail Address: _____ Are you 18 years or older? [] Yes [] No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? [] Yes [] No

Have you been previously employed here: [] Yes [] No If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? [] Yes [] No If yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

May we reference your current employer? [] Yes [] No

Have you ever been convicted of any crime including sex or abuse related offenses or had a mental health violation substantiated against you? [] Yes [] No If yes, when, what, and where were the nature of all such offenses (use additional sheets if necessary): _____

Have you ever been fired or asked to resign from a job for reasons of theft, dishonesty, assaultive behavior, fighting, verbal or physical abuse or harassment of a customer or co-worker? [] Yes [] No If yes, explain (use additional sheets if necessary): _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: [] Full-time [] Part-Time [] Other _____

Schedule/shift desired _____ If part-time, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Date available to start work _____

State and federal law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying the company as soon as possible following the date the applicant or employee knows or should know that an accommodation is needed. Failure to properly notify the company in writing within 182 days of the date when such need is known, or reasonably should have

been known, under Michigan law only, will preclude any claim that the employer failed to accommodate the disabled applicant or employee. This is Michigan law only. The Americans with Disabilities Act does not contain a similar timing or written notice requirement.

EMPLOYMENT EXPERIENCE (List current or most recent job first-List **ALL** prior employment -Complete additional sheets if necessary)

1	Employer	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
2	Employer	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
3	Employer	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
4	Employer	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

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Any other educational training _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? [] Yes [] No

If yes, what branch _____ Rank at discharge _____ Date of Discharge _____

Are you in the reserves? [] Yes [] No If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a felony or are there any felony charges pending? [] Yes [] No If so, where, when and nature of offense _____

Do you have a valid driver's license? [] Yes [] No License No. _____ State _____

List any professional licenses or certifications _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, marital or veteran status _____

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

Name, address, and telephone number of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING

I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and authorize them to release such information as you require, including my prior disciplinary record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false, incomplete, or misleading information in support of my application will subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of FHSC and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of FHSC as they are from time-to-time changed. I understand and agree that these rules, policies, regulations and terms and conditions of employment may be changed unilaterally by FHSC at its discretion. I understand and agree that either party may terminate the employment relationship, with or without cause, at any time for any reason, and that these arrangements may only be altered in a written employment agreement directed to me and signed by the President of FHSC. I further understand that no officer or employee of FHSC other than the President has any authority to make any oral or written statements, promises, or agreements contrary to the foregoing or to enter into any employment arrangement other than at-will. I understand and agree that these conditions will continue to apply to my employment throughout my tenure with FHSC. I further agree that if offered employment, my employment is conditional until such time as the results of my pre-employment drug-screen (if such drug-screen is required) are known. I acknowledge and agree that any and all claims relating to or arising out of my application or employment must be brought within the shorter of 180 days or the statutory limitations period of the date of the action or event giving rise to such claim (or the

date I should reasonably have known of such action or event) or such claims shall be deemed irrevocably waived (except where such claims periods may not be reduced for actions or suits involving employment discrimination allegations under the federal EEOC laws).

Date: _____

Signature _____