



I am applying for employment with:

- Bay Regional Medical Center
- Ingham Regional Medical Center
- Lapeer Regional Medical Center
- McLaren Regional Medical Center
- Mt. Clemens Regional Medical Center
- POH Regional Medical Center
- McLaren Health Plan
- McLaren Medical Management, Inc.
- Visiting Nurse Services of Michigan
- McLaren Health Care

EMPLOYMENT APPLICATION

McLaren Health Care is an equal opportunity employer and considers applicants without regard to race, color, sex, religion, national origin, age, height, weight, marital status, physical or mental disabilities, veteran status, or any other protected category. McLaren Health Care provides reasonable accommodation in the application process upon request, in accordance with State and Federal laws. All portions of this application must be completed in order to be considered for a position. Screening is done based on information provided. Please print clearly in ink or type.

Position desired:	Application date:
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PERSONAL

Last name	First name	Middle
Address	Street	Apt. No.
City	State	Zip Code
Home Phone	E-mail	Social Security Number XXX-XX- _____
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, can you provide proper documents? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate any other names under which you have been employed: _____	Are you aware of any relative employed at any McLaren subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No List name, relationship and subsidiary: _____ _____ _____	

POSITION

Employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Casual	Shift preferred: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 8 hours <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> 10 hours <input type="checkbox"/> Night <input type="checkbox"/> Flexible <input type="checkbox"/> 12 hours
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now or have you ever worked for any McLaren Health Care subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of employment, subsidiary, and name under which employed: _____ _____	

LICENSURE Please provide a copy of your license or certification.

Registered as: _____	State: _____	Number: _____
_____	National Number: _____	_____
Certified as: _____	State: _____	Number: _____
_____	National Number: _____	_____
Licensed as: _____	State: _____	Number: _____
_____	National Number: _____	_____
Are you eligible to be registered, certified, or licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____		

EDUCATION

	Name of school	Address (include street,city, state, and zip)	Number of years completed?	Did you graduate?	Diploma, GED, Degree	Course of study
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College / university	1.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nursing / technical / vocational	1.					
	2.					
	3.					
Military service	Branch: Rank upon discharge: _____ Type of discharge: _____ Are you currently in the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date obligation ends: ____/____/____			Skills obtained:		

SKILLS (If applicable)

Typing Speed: _____ words per minute Data Entry: _____ Medical Terminology: _____

Computer programs and skills (please specify): _____

MISCELLANEOUS

Have you ever been convicted of a felony? Yes No

If yes, state the charge, date and disposition: _____

Conviction is not necessarily a disqualification for employment. Factors such as time and seriousness of violation will be considered.

Have you ever been discharged from any employment? Yes No

If yes, give details: _____

Have you ever had a professional license denied, revoked, suspended, limited, or sanctioned? Yes No

If yes, give details: _____

SPECIALIZED TRAINING AND / OR EXPERIENCE

Nursing (List previous areas of experience):

Other (List any special qualifications not covered elsewhere in this application):

EMPLOYMENT HISTORY All information must be completed for consideration. Please list your employment history, beginning with your current or most recent employer and continuing for the last 10 years.

May we contact your current employer? Yes No

Please explain any gaps in employment. Attach a separate sheet if needed.

1. Employer _____ Address (*street, city, state, zip*) _____ Start _____ End _____

<input type="checkbox"/> Full time	Hourly or annual pay	Supervisor	Phone
<input type="checkbox"/> Part time	\$		

Title and Duties _____

Reason for Leaving _____

2. Employer _____ Address (*street, city, state, zip*) _____ Start _____ End _____

<input type="checkbox"/> Full time	Hourly or annual pay	Supervisor	Phone
<input type="checkbox"/> Part time	\$		

Title and Duties _____

Reason for Leaving _____

3. Employer _____ Address (*street, city, state, zip*) _____ Start _____ End _____

<input type="checkbox"/> Full time	Hourly or annual pay	Supervisor	Phone
<input type="checkbox"/> Part time	\$		

Title and Duties _____

Reason for Leaving _____

4. Employer _____ Address (*street, city, state, zip*) _____ Start _____ End _____

<input type="checkbox"/> Full time	Hourly or annual pay	Supervisor	Phone
<input type="checkbox"/> Part time	\$		

Title and Duties _____

Reason for Leaving _____

5. Employer _____ Address (*street, city, state, zip*) _____ Start _____ End _____

<input type="checkbox"/> Full time	Hourly or annual pay	Supervisor	Phone
<input type="checkbox"/> Part time	\$		

Title and Duties _____

Reason for Leaving _____

REFERENCES List three references (not relatives) we may contact who are able to evaluate and comment on your qualifications.

Name	Address (street, city, state, zip)	Phone Number	Occupation
1.			
2.			
3.			

ACKNOWLEDGEMENT OF CONDITIONS

1. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this application or dismissal of any employment at any time if I am hired, and that McLaren and its subsidiaries shall not be liable if my employment is terminated because of falsifications, misrepresentations or omissions in this application or made by me in support of this application.
2. If employed, I understand that if I am or become disabled and need an accommodation, I must notify the Human Resources department in writing within 182 days after the date I knew or should have known that an accommodation was needed, as required by the Michigan Persons with Disabilities Civil Rights Act of 1976.
3. I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of the offer or the termination of employment.
4. In consideration of McLaren's review of my application, I agree that any lawsuit or state administrative claim arising out of my employment, my application for employment, or the termination of my employment with McLaren or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the lawsuit or claim. **I waive any statute of limitations to the contrary.** Should a court determine that this period of time is unreasonable, the court shall enforce this provision as far as possible and shall declare the lawsuit or claim barred unless it was brought within the minimum reasonable time within which it should have been commenced.
5. I understand that any offer of employment made to me will be conditioned upon the results of a physical examination conducted after an offer has been made, which may include a drug screen, and that a positive drug test will result in revocation of the job offer or immediate termination of employment.
6. In consideration of my employment, I agree to conform to the rules and policies of McLaren and the hiring subsidiary, and the applicable collective bargaining agreement if I am hired for a bargaining unit position. I understand that McLaren and its subsidiaries are at-will employers and that my employment can be terminated at any time with or without cause and with or without notice of either McLaren and its subsidiaries or myself. I understand that no employee, manager, executive or other representative of McLaren or its subsidiaries has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President and Chief Executive Officer of McLaren or the hiring subsidiary, and any such agreement must be in writing and signed by both me and the President. I further acknowledge that I was not fraudulently induced to enter into this relationship, no one has made any representations or statement contrary to McLaren's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS.

Print name: _____ Name (*Signature*): _____ Date: _____

FOR EMPLOYMENT OFFICE USE ONLY

Interview Scheduled Yes No

Date: ____/____/____ Time: _____ a.m. / p.m. Subsidiary: _____ Interviewed by: _____

Remarks: _____

Copies sent to: _____ Copies sent to: _____ Copies sent to: _____

Subsidiary: _____ Subsidiary: _____ Subsidiary: _____

Date: _____ Date: _____ Date: _____