

ROSE HILL CENTER, INC.
APPLICATION FOR AT-WILL EMPLOYMENT

Rose Hill Center, Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Date of Application: _____

*Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Position Applied For: _____ Date You Can Start: _____

Name: _____ Social Security # _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Primary (_____) _____ E-mail address: _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week that you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment: _____ Full-Time _____ Part-Time

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied to this company before? _____ When? _____

Under what name? _____ When? _____

Do you have any relatives working for Rose Hill Center? _____ Yes _____ No

If yes, who? _____ Relationship _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT / MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably: _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where offense occurred. _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three individuals who are not Friends or Family Members, whom you have known for at least one year and have knowledge of your work experiences:

NAME	ADDRESS and TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
 Name Street City/State Telephone #

CURRENT and FORMER EMPLOYERS: (Most recent one first)

DATE MONTH / YEAR	NAME, ADDRESS AND TELEPHONE # OF EMPLOYER	SALARY: STARTING / ENDING	LAST POSITION HELD / RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the employers listed? _____ Yes _____ No

If not, which one(s)? _____

* * * *

Please read the following statement carefully before signing to indicate your understanding:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted (*), to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

In the event of employment at Rose Hill Center, I understand that such employment is contingent upon the verification of employment eligibility, upon a satisfactory drug test result, and upon the successful passage of job-related examinations and screenings, including but not limited to physical examinations, back fitness / flexibility tests, and / or various skills tests.

Date

Signature

*Employers specifically excepted: _____

For Employer Use Only

Interviewed by: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____