



# APPLICATION FOR EMPLOYMENT CHEBOYGAN MEMORIAL HOSPITAL

748 South Main Street, P.O. Box 419  
Cheboygan, MI 49721  
(231) 627-1809 Fax (231) 627-1262

PLEASE PRINT

**We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Drivers License Number	Maiden Name/Previous Name	

Position(s) Applied For _____	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
	Mornings      Afternoons      Evenings
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your immediate family members presently employed at CMH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or pled guilty or nolo contendere to a crime? Conviction of a crime will not necessarily disqualify an applicant from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
~ Proof of citizenship or immigration status will be required upon employment ~	
Date available for work ___/___/___	What is your desired pay range? _____
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other

## EDUCATION

Type of School	Name of School and Address	Major Course of Study	# of Years or Credit Hours	Did you graduate?	Degree Received
High School/GED					
College or University					
College or University					
Other Schooling or Specialized Training (include Military)					

## EMPLOYMENT

_____ Current/Previous Employer	Dates Employed From                      To	Work Performed
_____ Address	Hourly Rate Starting                      Final	
_____ Telephone Number(s)	_____ Job Title	Supervisor
_____ Current/Previous Employer	Dates Employed From                      To	Work Performed
_____ Address	Hourly Rate Starting                      Final	
_____ Telephone Number(s)	_____ Job Title	Supervisor
_____ Current/Previous Employer	Dates Employed From                      To	Work Performed
_____ Address	Hourly Rate Starting                      Final	
_____ Telephone Number(s)	_____ Job Title	Supervisor

## Skills

Do you possess a license, certificate or other authorization to practice a trade or profession? If not described above, please explain:

Issuing Agency:	Occupation or Type of Certification	Issuing State	License/Certification Number Date Issued/Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional skills that may be relevant to your employment here; for example, your keyboarding speed (approximate), any computer software programs, or number of years of supervisory experience. Please print "See Resume" in the following space if a resume is being submitted.

\_\_\_\_\_

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application for employment, including checking my previous employment and any background checks that are required for my employment. I also understand that I am required to have a pre-employment urine drug screen.

I hereby understand and acknowledge that my employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**CHEBOYGAN MEMORIAL HOSPITAL  
VOLUNTARY APPLICANT EEO IDENTIFICATION**

Cheboygan Memorial is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CMH invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Primary Position Applied For (Please mark only one):

Executive, Senior Mgmt       Mid-Level Mgmt       Professionals       Technicians

Administrative Support       Craft Workers       Service Workers

Gender:  Male       Female

**EXPLANATION OF THE CATEGORIES:**

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races – (Not Hispanic or Latino) – All persons who identify with more than one of the above races.