



DICKINSON  
COUNTY  
HEALTHCARE  
SYSTEM

"Experience The Dickinson Difference"

MAILING ADDRESS: 1721 SOUTH STEPHENSON AVENUE • IRON MOUNTAIN, MICHIGAN 49801 • 906-774-1313

## APPLICATION FOR EMPLOYMENT

Since we are an equal opportunity employer, employment and advancement are determined by a person's qualifications and abilities without regard to race, color, creed, national origin, religion, age, sex, physical handicap, or marital status.

This application must be completed by the applicant. If accommodation is required to complete this form please let us know. All information will be regarded as confidential.

Date of application _____	Date available for employment _____
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### PERSONAL DATA

PLEASE PRINT

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
CURRENT ADDRESS NO.	STREET	CITY	STATE COUNTY ZIP
TELEPHONE NO.			AREA
LIST PREVIOUS ADDRESSES FOR PAST 3 YEARS (USE ADDITIONAL INFORMATION SPACE ON LAST PAGE OF APPLICATION)			FROM DATE: TO DATE:
NO.	STREET	CITY	STATE COUNTY ZIP
FROM DATE:			TO DATE:
NO.	STREET	CITY	STATE COUNTY ZIP
FROM DATE:			TO DATE:
NO.	STREET	CITY	STATE COUNTY ZIP
FROM DATE:			TO DATE:
OTHER PREVIOUS LAST NAME(S) (For Reference Purposes)			FROM DATE: TO DATE:
If employed and you are under 18, can you furnish a work permit?		<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU EVER IN OUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?			
HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Conviction Will Not Automatically Disqualify An Applicant. All Relevant Facts And Circumstances Will Be Considered.)		NATURE OF OFFENSE?	
Have you ever been excluded as a provider from the medicare/medicaid program? <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			
<b>EMPLOYMENT DATA</b>			
WILL YOU ACCEPT PART-TIME OR FULL-TIME EMPLOYMENT? (Check one or both) PART-TIME FULL-TIME		WILL YOU ACCEPT TEMPORARY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU WILLING TO WORK WEEKENDS AND/OR HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT SHIFT ARE YOU WILLING TO WORK? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Rotating	

POSITION(S) DESIRED

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Your application will be kept on active status for 1 year. After 1 year, it is your responsibility to re-activate your file.**

**EQUAL OPPORTUNITY EMPLOYER**

Revised 9/98 (Rev. Logo '96)

# EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
High School			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
College			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
Other (Specify)			1	2	3	4	<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	

**DCH SYSTEM REQUIRES THAT THE EMPLOYMENT HISTORY SECTION BE COMPLETED.**

## EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

1	PRESENT OR LAST EMPLOYER	Dates Employed		YOUR TITLE AND DESCRIPTION OF DUTIES			REASON FOR LEAVING (OPTIONAL)		
		FROM MO./YR.	TO MO./YR.						
	ADDRESS								
	CITY STATE ZIP								
	IMMEDIATE SUPERVISOR	May Be <input type="checkbox"/> Yes	Contacted <input type="checkbox"/> No	PHONE #	FAX #	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	STARTING SALARY	FINAL SALARY
2	EMPLOYER	Dates Employed		YOUR TITLE AND DESCRIPTION OF DUTIES			REASON FOR LEAVING (OPTIONAL)		
		FROM MO./YR.	TO MO./YR.						
	ADDRESS								
	CITY STATE ZIP								
	IMMEDIATE SUPERVISOR	May Be <input type="checkbox"/> Yes	Contacted <input type="checkbox"/> No	PHONE #	FAX #	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	STARTING SALARY	FINAL SALARY
3	EMPLOYER	Dates Employed		YOUR TITLE AND DESCRIPTION OF DUTIES			REASON FOR LEAVING (OPTIONAL)		
		FROM MO./YR.	TO MO./YR.						
	ADDRESS								
	CITY STATE ZIP								
	IMMEDIATE SUPERVISOR	May Be <input type="checkbox"/> Yes	Contacted <input type="checkbox"/> No	PHONE #	FAX #	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	STARTING SALARY	FINAL SALARY
4	EMPLOYER	Dates Employed		YOUR TITLE AND DESCRIPTION OF DUTIES			REASON FOR LEAVING (OPTIONAL)		
		FROM MO./YR.	TO MO./YR.						
	ADDRESS								
	CITY STATE ZIP								
	IMMEDIATE SUPERVISOR	May Be <input type="checkbox"/> Yes	Contacted <input type="checkbox"/> No	PHONE #	FAX #	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	STARTING SALARY	FINAL SALARY

# PROFESSIONAL & TECHNICAL INFORMATION

Are You?                      Currently Registered                       Eligible For Registry

If licensed or registered please provide:

State of Registry	Registration Number	Expiration Date

Licensure Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

## Dickinson County Healthcare System

1. Name \_\_\_\_\_  

(Last)
(First)
(Initial)
2. How do you feel you can contribute to good patient care at Dickinson County Memorial Hospital System? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What qualities do you see as your major strengths for the type of work for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What standards of personal appearance do you feel are important for hospital employees? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do you feel you were treated fairly by your last employer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. From previous experience, what improvements would you like to see in management? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. What traits or qualities do you admire in an immediate supervisor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. What traits or qualities do you not like to see in an immediate supervisor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. What do you think your last supervisor will say about you in the reference check we make? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you agree with that? \_\_\_\_\_
10. Explain why being late or absent from your job causes problems for fellow employees and the hospital. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Please consider the following list of personal habits for a moment. Rate yourself in each according to your typical performance on the job, at school, or as a homemaker (1-below average, 3-average, 5-above average).
 

Amount of work accomplished	1	2	3	4	5
Accuracy and thoroughness of work	1	2	3	4	5
Knowledge of job duties	1	2	3	4	5
Dependability	1	2	3	4	5
Treatment of others	1	2	3	4	5
Organization	1	2	3	4	5
Neatness of work	1	2	3	4	5
Personal appearance, hygiene	1	2	3	4	5
Initiative	1	2	3	4	5
Attendance	1	2	3	4	5
Cooperativeness	1	2	3	4	5
12. What do you think is the most important thing for any employee in a healthcare facility to remember? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# ADDITIONAL INFORMATION

Use this space and additional sheets, if necessary, for additional information you want us to know in considering you for employment; specialized hospital experience, office experience or work experience.

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## EMPLOYMENT AGREEMENT

**APPLICANT, PLEASE READ CAREFULLY BEFORE SIGNING.**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever, I agree that the hospital shall not be liable in any respect if my employment is terminated because of a falsity of statements, answers or omissions made by me on this questionnaire.

I understand that Dickinson County Healthcare System operates 24 hours per day, 7 days per week, and that weekend work or changes of shifts may be required. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the fair labor standard act (as amended). I understand that this application is not and was not intended to be a contract of employment.

Employment is subject to:

- Being able to perform the essential job functions with or without accommodations
- Satisfactory reference check
- Applicable background check
- Pre-employment drug screen
- Accuracy of all furnished pre-employment information

**I authorize past employers, schools or persons to release appropriate information regarding my past performance and release them from any and all liability which may result from furnishing such information. I also agree to any applicable criminal, credit, training, or other background check; and authorize the release of such information to DCH Systems.**

I have carefully read and understand the above:

\_\_\_\_\_

Signature of Applicant Date \_\_\_\_\_

## HIRING AUTHORITY

Requisition No. \_\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_

Full-Time       Part-Time, Point \_\_\_\_\_       Student      Starting date \_\_\_\_\_

Regular       Temporary       Irregular      Rate of pay \_\_\_\_\_

AFSCME       MNA       Non-Contract:  
     Hourly     Salaried  
    \_\_\_\_\_ Wage Class    \_\_\_\_\_ Salary Class

Exempt       Non-Exempt      Hours of work \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resource Department \_\_\_\_\_ Date \_\_\_\_\_