



1211 Lafayette Avenue Northeast
Grand Rapids, Michigan 49505

JOB APPLICATION

Position Applying For: _____

Date of Application: _____

Contact Details

Your legal name is the name that appears on your official documents, such as your driver's license or passport. Your preferred name is how you'd like to be addressed in communications (if different than your legal name).

(Last Name)

(First Name)

(Preferred Name)

(Email Address)

(Phone)

Are you legally authorized to work in the United States?

Yes No

Will you now or in the future require sponsorship for employment visa status (H-1B, TN1, etc.)?

Yes No

Employment type desired:

Full-time Part-time Full- or Part-time

Can you work evening hours?

Yes No

Are you able to perform the essential functions of this position with or without reasonable accommodation?

Yes No

Date available to start: _____

Can we contact your current employer? _____

What is your desired salary? _____

Criminal History

Have you ever been convicted of any misdemeanor or felony, including alcohol or drug-related driving offenses? Driving convictions such as operating while intoxicated, operating in the presence of drugs, operating without a license, etc. are generally misdemeanors or felonies and should be included.

Yes No

Do you currently have any felony charges pending?

Yes No

Note: A 'yes' response does not automatically disqualify a job applicant from further consideration. Each applicant is evaluated individually based on a number of factors, including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the criteria of the position applied for.

Catherine's Health Center reserves the right to conduct a criminal history check.

Professional References

Please list three (3) professional references, with at least one (1) of them being a current or previous supervisor/manager.

Name:	_____	Institution:	_____
Relationship:	_____	Years Known:	_____
Phone:	_____	Email:	_____

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Relationship:	_____	Years Known:	_____
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Name:	_____	Institution:	_____
Relationship:	_____	Years Known:	_____
Phone:	_____	Email:	_____

Please attach a copy of your resume.

Please Read Carefully

Application Form Waiver

In exchange for the consideration of my job application by Catherine's Health Center (CHC) (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CHC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and CHC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

In submitting this application I understand that: (1) Any falsification, misrepresentation, misleading statements, or omissions of fact, either on this application or during the pre-hire process constitutes grounds for rejection or dismissal. (2) I authorize my employer and former employers, schools, or persons named to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, schools, or persons and the Company from all liability for any damage for issuing or receiving this information. (3) Employment is contingent upon meeting the requirements imposed by the Immigration Reform and Control Act of 1986, which requires a completed Form I-9, Employment Eligibility Verification, verifying identity and work eligibility on persons hired. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

(Signature of Applicant)

(Date)

Catherine's Health Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.