



FAMILY MEDICINE

4071 24<sup>th</sup> Avenue | Fort Gratiot, MI 48059 | 810.824.4222

APPLICATION FOR EMPLOYMENT

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

PERSONAL:

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Circle Yes or No from the questions listed below:

- Yes No If under 18 years of age, can you provide proof of eligibility to work?
Yes No Are you legally eligible to work in the United States?
Yes No If hired, can you produce proof of eligibility to work in the United States, in accordance with the Immigration Reform and Control Act of 1986.
Yes No Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment. If yes, describe in full:
Yes No Have you ever applied to us before? If yes, when?
Yes No Have you ever been employed with us before? If yes, when?
Yes No Are you able to perform the essential functions of the job for which you are applying either without accommodations or with a reasonable amount of accommodation?

GENERAL:

Position applied for: \_\_\_\_\_ Salary expected: \$ \_\_\_\_\_

Availability: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Willing to Work Overtime

Specify hours and/or days: Hours: \_\_\_\_\_ Days \_\_\_\_\_

On what date would you be available to start work? \_\_\_\_\_

How did you find out about our office? \_\_\_\_\_

**EDUCATION:**

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? (Y or N)	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

**SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES:**

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Yes No Do you have a license, certificate, or type of professional registration?

If yes, what? \_\_\_\_\_

License, certificate or registration number: \_\_\_\_\_

**WORK HISTORY:**

**Employer:**

\_\_\_\_\_

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
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Telephone (\_\_\_\_) \_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_ Yes \_\_ No If no, why not? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, what for? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

**Employer:**

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
Telephone (____) _____	Dates Employed: From ____/____/____	To ____/____/____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? __ Yes __ No If no, why not? _____	
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, what for? _____		
How much notice did you give when resigning? If none, explain. _____		

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<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
Telephone (____) _____	Dates Employed: From ____/____/____	To ____/____/____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? __ Yes __ No If no, why not? _____	
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, what for? _____		
How much notice did you give when resigning? If none, explain. _____		

**REFERENCES:**

*Providing this information means that you give this organization permission to contact the reference listed. Please do not list relatives.*

1. \_\_\_\_\_  
(Name) (Address) (Phone #)
2. \_\_\_\_\_  
(Name) (Address) (Phone #)
3. \_\_\_\_\_  
(Name) (Address) (Phone #)

## APPLICANT CERTIFICATION:

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in the amount equal to the minimum required by the state where I reside.

I understand that Lighthouse Family Medicine may now have, or establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If Lighthouse Family Medicine has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Lighthouse Family Medicine's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled substances. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Lighthouse Family Medicine's policies and applicable federal, state and local law.

If employed by Lighthouse Family Medicine, I understand and agree that Lighthouse Family Medicine, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all of this information on this application, my résumé, or any supporting documents I may present during my interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT -EXPRESS OR IMPLIED- WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE MANAGING MEMBER OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF LIGHTHOUSE FAMILY MEDICINE, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT WILL.**

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state or local law, any party delivering information to the Company or its duly authorized representation pursuant to the authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***  
**\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

Yes \_\_\_ No \_\_\_ Arrange Interview?

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If employed, start date: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Job Title: \_\_\_\_\_