

<b>PERSONAL</b>		<b>Date:</b>	
Last Name	First	Initial	Social Security # Home Telephone # Cell Phone #
Address		Position: RN, LPN, CENA, HHA, Office, Other _____ Referred By	Professional License Number:  Expiration Date:            State:
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth?	If under 18, do you have a work permit? Do you have a criminal record? Explain:
Shift Preference: 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>		Preferred work areas – i.e. GR, Rockford, Jenison, Hudsonville, Kentwood, Dorr, Marne, Coopersville, other	
Do you have reliable transportation?: Back up transportation?:		Driver's license Number: _____ Insurance Policy Number: _____	
<b>EDUCATION</b>	<b>ADDRESS</b>	<b>MAJOR STUDIES</b>	<b>DEGREE, DIPLOMA, ETC.</b>
High School			
College/University			
Vocational, Business, Other			
Other special knowledge, skills or qualifications, sign language, foreign language(s).			
<b>EMPLOYMENT HISTORY (MOST RECENT FIRST)</b>			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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## PERSONAL REFERENCES

Please list at least 3 personal references

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to conduct a criminal background check. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by the Company or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Return to:*

Great Lakes Healthcare Resources  
3555 B Byron Center Ave. SW  
Wyoming, Mi 49519  
Phone: 616-261-4046  
Fax: 616-261-5838