

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency (state board of licensure), any certification of registration board for technical or professional group(s) based on performance or actions? Yes No
If yes, please explain: _____

(Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness and nature of violation, position applied for and rehabilitation will be considered.)

PROFESSIONAL REGISTRATION/CERTIFICATION

Professional Registration No. _____ State of Reg. _____
Certification _____
Type of Registration _____ Expiration Date _____

EDUCATION AND TRAINING

HIGH SCHOOL or GED

Name _____ Phone Number _____

(Address) (City) (State) (Zip Code)
Circle highest grade completed 9 10 11 12
Name when attended _____
Did you graduate? _____ Did you receive GED? _____

COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL

Name _____ Phone Number _____

(Address) (City) (State) (Zip Code)
Circle highest year completed 1 2 3 4 From _____ To _____
(Mo/Yr) (Mo/Yr)
Name when attended _____
Major _____ Minor _____
Did you graduate? _____ Degree _____
Faculty Reference if enrolled in past 2 years _____

COLLEGE, UNIVERSITY, TECHNICAL OR NURSING SCHOOL

Name _____ Phone Number _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest year completed 1 2 3 4 From _____ To _____
(Mo/Yr) (Mo/Yr)

Name when attended _____

Major _____ Minor _____

Did you graduate? _____ Degree _____

Faculty Reference if enrolled in past 2 years _____

GRADUATE or PROFESSIONAL SCHOOL

Name _____ Phone Number _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

Circle highest year completed 1 2 3 4 From _____ To _____
(Mo/Yr) (Mo/Yr)

Name when attended _____

Major _____ Minor _____

Did you graduate? _____ Degree _____

Faculty Reference if enrolled in past 2 years _____

SPECIALIZED OFFICE EXPERIENCE

- TYPING W.P.M. _____
- MEDICAL BILLING
- MICROSOFT WORD
- COMPUTER LIST SOFTWARE: _____
- POWER POINT
- EXCEL

MILITARY SERVICE

Were you in the U.S. Armed Forces? No Yes What Branch _____

From _____ To _____ Current Draft Status _____

Reserve Status Active Inactive

Duties _____ Special Training _____

Citations or Awards Received _____ Type of Discharge _____

EMPLOYMENT HISTORY

Please list past employment beginning with present or most recent employer.

1. Present or Most recent Employer _____

Position Held _____

_____ () _____

(Address) (City) (State) (Zip) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
(Mo/Yr) (Mo/Yr)

Name while employed _____

Name of Supervisor _____ Dept _____ Wage _____/hr

Reason for Leaving _____

2. Present or Last Employer _____

Position Held _____

_____ () _____

(Address) (City) (State) (Zip) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
(Mo/Yr) (Mo/Yr)

Name while employed _____

Name of Supervisor _____ Dept _____ Wage _____/hr

Reason for Leaving _____

3. Present or Last Employer _____

Position Held _____

_____ () _____

(Address) (City) (State) (Zip) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
(Mo/Yr) (Mo/Yr)

Name while employed _____

Name of Supervisor _____ Dept _____ Wage _____/hr

Reason for Leaving _____

4. Present or Last Employer _____

Position Held _____

_____ () _____

(Address) (City) (State) (Zip) (Telephone)

Dates of Employment From _____ To _____ May we contact? Yes No
(Mo/Yr) (Mo/Yr)

Name while employed _____

Name of Supervisor _____ Dept _____ Wage _____/hr

Reason for Leaving _____

CHARACTER REFERENCES (Other than relatives)

1. _____ () _____
(Name) (Occupation) (Address) (Telephone)

2. _____ () _____
(Name) (Occupation) (Address) (Telephone)

3. _____ () _____
(Name) (Occupation) (Address) (Telephone)

CERTIFICATION AND AUTHORIZATION

APPLICANT PLEASE READ CAREFULLY

To be considered as an application by Upper Great Lakes Family Health Center, I acknowledge and agree as follows:

- The information that I have provided on this application is true and complete to the best of my knowledge. Any material misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, may be justification for refusal of employment, or if employed, termination from UGLFHC's employ.
- I hereby certify that I do not have any contractual or other obligation to a present or past employer that would adversely affect my ability to perform my tasks and responsibilities if I am hired or that I have disclosed to UGLFHC any contractual or other obligations to a present or past employer that may adversely affect my ability to perform my tasks and responsibilities if I am hired.
- To the extent permitted by law, I agree, upon receipt of a conditional offer of employment, to take a pre-employment drug screening test. I agree to submit to any such lawful drug or alcohol test. Further, I authorize the release of the results of said tests to UGLFHC management for appropriate review.
- I authorize a thorough investigation of my past employment, background, education and activities, including the request for and receipt of a consumer report. I agree to cooperate in such an investigation, including signing any required authorizations separate from this application, and release and discharge from all liability, responsibilities, claims or damages of any kind or nature all persons or entities requesting or supplying information pursuant to such investigation, including UGLFHC, any reference from whom information is obtained, and any third party which provides information used for employment purposes

I certify that I have read and understand the foregoing paragraphs. I understand that this is simply an application for employment and does not imply that I will be employed. I further understand that this application is not, and is not intended to be, a contract of employment.

Signature of Applicant _____ Date _____

(Do Not Print)

By law, certain policies will require finger-printing for individuals who have not resided in the State of Michigan during the prior three (3) years, or who work in areas required by state for federal law.

I acknowledge that in connection with my application for employment, Upper Great Lakes Family Health Center (“UGLFHC”) may request consumer report for the purpose of evaluating me for employment, promotion, reassignment, retention as an employee (if I am hired), or in connection with any internal investigation UGLFHC may undertake during the course of my employment.

For the purposes stated above, I authorize and agree that UGLFHC may request and obtain any written, oral, or other communication of any information bearing on my character, general reputation, criminal history, personal characteristics, trustworthiness, employment history, educational background or mode of living, from any person or agency which assembles or evaluates information on individuals for the purposes of furnishing that information to third parties.

I understand that, if requested and obtained, this information will be reviewed by UGLFHC for employment purposes, as that term is used in the federal Fair Credit Reporting Act (“FCRA”) and the federal Fair and Accurate Credit Transactions Act (“FACT”). I also understand that, pursuant to FCRA and FACT, UGLFHC will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with it. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature: _____

Print Full Legal Name: _____

Date: _____