

WEST MICHIGAN CANCER CENTER

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunity to all based upon individual merit and without regard to race, color, religion, national origin, gender, sexual orientation, age, height, weight, marital status or disability, which, if needing accommodation because of physical disability, may be reasonably accommodated as required by law.

Application must be completed in full, regardless of whether WMCC has received resume.

(Please Print)

Last Name	First Name	Middle	Date
Street Address			Daytime Telephone
City, State, Zip Code			Pay Expected
Position(s) Applied For			Date Available:
Type of Employment Desired? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Summer Only			Last 4 Digits- Social Security Number:

Are you under 18 years of age? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain: _____

Have you ever been suspended or discharged from employment? Yes No
 If Yes, please explain: _____

Have you ever been employed under a different name? (If so, please list) _____

Please list the names of any relatives currently employed at WMCC:

Education & Skills

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate School				
Other Professional				

Are you currently licensed, registered or certified in your field to work in the State of Michigan? Yes No
If Yes, Type: _____; Number: _____; Expiration Date: _____
If No, have you applied? Yes No

Describe any specialized training, knowledge, skills, and extra-curricular activities:

Describe any job-related training received in the United States military:

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experiences:

Specialized Skills:

Windows Microsoft Office Suite Lotus 1-2-3 WordPerfect
 Personal Computer Type WPM Medical Term. Data Entry
 GroupWise Medical Billing Dictation Switchboard
 Excel Record Filing Transcription
 Other _____

Employment Experience

Start with your present or last job, please detail at a minimum last 5 years of employment, including any job-related military service assignments and volunteer activities. *If you need additional space, please continue on a separate sheet of paper*

Employer		Dates Employed		Work Performed
Address		From	To	
Phone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Phone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Phone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
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Employer		Dates Employed		Work Performed
Address		From	To	
Phone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Additional Information

Why would you like to work at West Michigan Cancer Center ?

Why do you feel you would be a good candidate for the job for which you have made application?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

I understand that I must make my request for accommodation in writing to the human resources department as soon as possible.

Professional References (other than Supervisors previously listed on this application):

- (Name) (Daytime Phone)

(Address)
- (Name) (Daytime Phone)

(Address)
- (Name) (Daytime Phone)

(Address)

<p>May we contact your <i>present</i> employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we contact your <i>past</i> employers for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant's Statement

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I agree to submit to any of the following testing as part of West Michigan Cancer Center's screening process:

* Psychological or physical testing which may be necessary to determine my ability to perform the essential functions of the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to WMCC.

* Skill testing determined relevant to the performance of the job for which I am being considered.

* Search of criminal conviction history records to verify information provided by me during the application process. As part of this investigation, I may be required to provide my date of birth, sex, and driver's license and state of issue. I understand that this information may be required at a later time to facilitate this investigation. My signature below signifies that I understand and authorize WMCC to secure criminal conviction history from the appropriate law enforcement agency, should WMCC determine it is necessary to do so.

* Through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release WMCC from any liability arising out of such tests or results. Further, I give my consent for the release of the test results and other relevant medication information to authorized WMCC management for appropriate review. I understand that in order to be considered for employment by WMCC, I must be drug and alcohol free, as confirmed by such testing. I acknowledge that remaining free of illegal or unauthorized drug use is a condition of my employment.

Signature of Applicant

____/____/____
Date

WEST MICHIGAN CANCER CENTER
200 North Park Street
Kalamazoo, MI 49007

Authorization for Release of Employment/Education Information

I have made application for employment with West Michigan Cancer Center (WMCC) and desire that they be fully informed as to my previous employment and/or academic records. I hereby authorize any former or current employer and school counseling official to release any information contained in my employment and/or school records upon request. I specifically waive prior or subsequent written notice of disclosure of record information including disciplinary reports, letters of reprimand or other disciplinary action. I also release my former employers and schools from all claimed liability arising out of such response and disclosure.

Print Name

Social Security Number

Applicant Signature

Date