

Superior Health Support Systems

Hearthside Assisted Living - Merlin Home - Pennington Home - Harbor View Assisted Living - White-Wiles Home

Business Office

2956 Ashmun St., Suite 139

Sault Ste. Marie, MI 49783

(906) 259-0647 FAX (906) 259-0648

APPLICATION FOR EMPLOYMENT

NAME: _____

First

Middle

Last

ADDRESS: _____

Street

City

State

Zip code

PHONE: _____ CELL: _____ OTHER: _____

SOCIAL SECURITY#(optional): _____ EMAIL: _____

Position applying for: _____ Facility: _____

Type of employment: part-time _____ full-time _____ temp _____

Do you have relatives employed by this agency? Yes _____ No _____ Whom _____ Relationship _____

EDUCATION

Please check highest level of education completed

____ HIGH SCHOOL

____ BACHELOR'S DEGREE

____ ASSOCIATES DEGREE

____ OTHER

If you did not complete high school, do you have a high school equivalency diploma? YES _____ NO _____

If you expect to complete an educational program in the near future, please indicate the type of degree or program and the completion date expected _____

EXPERIENCE

Starting with your most recent employment, please describe your knowledge, skills and abilities, which best demonstrate your qualifications for the position in which you are applying

Employer: _____ Address: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours per week _____ Title _____

Supervisor: _____ May we contact? _____ Phone _____

Number & type of employees you supervised: _____ Last Salary \$ _____ per hour _____ week _____ month _____

Reason for leaving: _____

Duties: _____

Employer: _____ Address: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours per week _____ Title _____

Supervisor: _____ May we contact? _____ Phone _____

Number & type of employees you supervised: _____ Last Salary \$ _____ per hour _____ week _____ month _____

Reason for leaving: _____

Duties: _____

Employer: _____ Address: _____
 From: Mo/Yr _____ To: Mo/Yr _____ Hours per week _____ Title: _____
 Supervisor: _____ May we contact ? _____ Phone: _____
 Number & type of employees you supervised: _____ Last Salary \$ _____ per hour _____ week _____ month _____
 Reason for leaving: _____
 Duties: _____

Employer: _____ Address: _____
 From: Mo/Yr _____ To: Mo/Yr _____ Hours per week: _____ Title _____
 Supervisor: _____ May we contact? _____ Phone: _____
 Number & type of employees you supervised: _____ Last Salary \$ _____ per hour _____ week _____ month _____
 Reason for leaving: _____
 Duties: _____

CONTACTS / REFERENCES

Please list three professional references of persons not related to you and who know your qualifications:

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

May we contact your references? Yes _____ No _____

Have you ever been convicted of an offense in a court of law? Yes _____ No _____ If “yes” please give dates, details and penalties for each occurrence on an attached sheet of paper. Do not include minor traffic violations. An answer of “yes” does not constitute an automatic bar to employment.

CERTIFICATION (Application requires current date and original signature to process)

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Superior Health Support Systems (SHSS). I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that Superior Health Support Systems may contact references, former employers and educational institutions listed regarding this application. I further authorize SHSS to rely upon and use, as it sees fit, and information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause as determined by the agency head or designee.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Application reviewed by:

Facility

Name/Title

Date