HEALTH DEPARTMENT of Northwest Michigan

220 West Garfield
Charlevoix, MI 49720
231/547-6523 phone
231/308-5914 fax
careers@nwhealth.org

EMPLOYMENT APPLICATION

Health Department of Northwest Michigan is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, creed, age, religion, sex, height, weight, marital status, or disability in employment. No person shall be denied employment solely because of any disability which is unrelated to the individual's ability to do the essential functions and duties of the job with or without accommodation. Under state law, a person with a disabling condition may not allege a failure to accommodate a disabling condition unless the employer knew or reasonably should have known that an accommodation was needed.

Please type or print all information. Incomplete applications will not be considered.

PERSONAL INFORMATION

Date of application		Position desired							
Legal name					Telephone number				
Address	City		State	Zip					
Email address									
Are you legally authorized to work in the U.S.?	Yes ☐	No ☐	Do you now, or will you in the future, require sponsorship for employment in the U.S.?		Yes ☐	No ☐			
Do you have reliable transportation?	Yes ☐	No ☐	Minimum salary required		Date available to start				
What type of work do you want?	Part time ☐	Full time ☐	If part time, how many hours per week do you want to work?						
Where are you willing to work?	All locations ☐	Antrim County ☐	Charlevoix County ☐	Emmet County ☐	Otsego County ☐				
Are you related to, or have a close personal relationship with a HDNW employee?	Yes ☐	No ☐	If yes, please identify the employee/s.						
From what source did you learn of this employment opportunity?									
Are you able to perform the essential functions of the position you seek with or without accommodation? If you need clarification of the essential job functions, please ask.					Yes ☐	No ☐			

EDUCATION

Do you have a high school diploma?	Yes ☐	No ☐	If yes, from what school?	If no, do you have a GED?	Yes ☐	No ☐

Type of Degree	College or University	Major / Minor

Professional internship/s completed at:

Professional license / certification/s:
Expiration date/s:

Please provide any additional information such as special skills, training, management experience, computer knowledge, equipment operation, or other qualifications that will help us in considering your application.

PROFESSIONAL REFERENCES

Name / professional relationship	Phone / email address	Years known

CURRENT AND FORMER EMPLOYERS

Complete <u>all</u> sections, starting with your current employer first. Attach extra sheets, if necessary. List every promotion as a new job.

Please note:
Entering "see resume"
is not an acceptable response.

Employer name and address	Job title			
	Full time ☐	Part Time ☐	From	To
	Wage	$ per hour	$ per year	
	Supervisor name			
	Can we contact this supervisor for a reference?		Yes ☐	No ☐
Reason for leaving				
Job duties				

Employer name and address	Job title			
	Full time ☐	Part Time ☐	From	To
	Wage	$ per hour	$ per year	
	Supervisor name			
	Can we contact this supervisor for a reference?		Yes ☐	No ☐
Reason for leaving				
Job duties				

Employer name and address	Job title			
	Full time ☐	Part Time ☐	From	To
	Wage	$ per hour	$ per year	
	Supervisor name			
	Can we contact this supervisor for a reference?		Yes ☐	No ☐
Reason for leaving				
Job duties				

SIGNATURE PAGE – PLEASE READ CAREFULLY AND SIGN

1. Certification of Truthfulness By my signature below, I attest that the information I provided in the Employment Application (and accompanying resume or other documentation, if any) and during all interviews is true and complete. I understand and agree that any false or misleading information or significant omissions of fact will disqualify me from further consideration for employment, and/or will lead to my dismissal from employment by Health Department of Northwest Michigan (HDNW) if discovered at a later date. I agree to immediately notify HDNW if I should be convicted of any crime or arrested on felony charges, while my job application is pending, or during my period of employment if hired.

2. Authorization for Release of Information I authorize HDNW to verify all information, including prior employment, academic credentials, personal/professional references, motor vehicle record (if required to drive company vehicles) and felony arrest records and any criminal conviction records. I further authorize any person, school, current employer, past employer, and organization named in this application (and accompanying resume or documentation, if any) to provide HDNW with any information and opinion requested by HDNW in connection with this application, including disclosure of disciplinary matters; I waive written or other notice of any such disclosure. I release all such persons from legal liability in making such statements and disclosures.

I agree that, except as prohibited by statue, HDNW may, during or after my employment, disclose to or discuss with employees / agents of HDNW, or with potential employers who inquire, any information or opinions relating to me or my employment. I waive written or other notice of any such disclosure (including disclosure of disciplinary matters,) and I release and promise not to make any claims against HDNW (or its employees, trustees, administrators, or agents) relating to any such disclosure or discussion.

3. Employment Obligation If I am hired, I agree to abide by all rules, regulations, and policies of HDNW, including any changes made at any time after my hire, as HDNW may determine. I further understand and agree that HDNW has the right to amend the terms and conditions of my employment at any time, except as prohibited by law.

I agree that the contents of any office, locker, desk, equipment, or other HDNW property I may use, and any of my own property I bring onto HDNW's premises (including, without limitation, cars, packages, purses, bags) may be inspected by HDNW or its agents relating to such inspection, and agree that any failure by me to cooperate in such inspection is cause for discharge.

4. Employment Status I understand that my employment with HDNW is at-will and without definite term. I further understand that this means I, or HDNW, may terminate the employment relationship at any time, with or without cause, with or without notice. No representative of HDNW has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, with the exception of an agreement in writing, that is entitled "Employment Agreement" and that is signed by the Health Officer.

5. Authorization to Work Any offer of employment to me will be subject to verification that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

6. Limitation on Claims I agree that any action or suit against HDNW, its officers, directors, and employees arising out of my application for employment, employment, or termination of employment, including, but not limited to claims arising under Federal or State civil rights statues, will be forever barred if they are not brought within the earlier of either (a) 180 days of the event giving rise to the claim, or (b) such shorter time limit as may be provided by the relevant statute of limitations. This applies to the initial charge filed with the Equal Employment Opportunity Commission; although I am permitted to pursue litigation as provided in the Commission's "Right to Sue" letter. I waive any longer, but not shorter, limitations periods to the contrary. I further agree that, prior to initiating any claim or charge, whether with an agency or court, I will repay any amounts that were given to me by HDNW in exchange for a release of such claims.

7. Need for Accommodation Under Michigan Law only, any applicant/employee requiring an accommodation for a disability must request one in writing within 182 days after the date the person knew or reasonably should have known that an accommodation was needed. Under federal law, the disabled employee/applicant need not make that request in writing or within that 182 day period.

8. Immunizations I understand that all employees, volunteers, contract staff, and interns who work at HDNW are required to have an annual influenza vaccine and I agree to follow the HDNW policy. I further understand that certain jobs within the Health Department may require additional vaccines, and I also agree to comply with those requirements, if they are necessary for my position.

9. Physical Exam / Drug Test I agree to take a physical examination if/when HDNW makes me a conditional offer of employment, and I authorize HDNW or its designated agent/s to withdraw a specimen/s of my blood, breath, urine, or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of illicit drugs or other substances. I will comply fully with all procedural requirements of any such testing agency. I understand that decisions concerning my employment will be made as a result of such test/s. I further understand HDNW reserves the right to at any time administer testing procedures to employees in accordance with its policies to detect the presence of drugs or alcohol in the body, except as prohibited by statute. I waive and release and promise not to make any claims against HDNW, or any testing agency retained by it, or their employees, directors, owners, and agents relating to any such testing, or relating to decisions made regarding my employment or termination of employment based upon the results of such testing or analysis; however, provided that this does not constitute a waiver of any rights I may have as an employee to pursue such internal appeal rights as may be provided by HENW policies.

I have read and understand the items 1 – 9 above, and I agree that these terms and conditions apply to my application for employment with Health Department of Northwest Michigan and **to any** employment offered by Health Department of Northwest Michigan. If any of the above terms is unenforceable, it may be severed from this agreement so that the remainder of the agreement can be fully enforced to give effect to the parties' intent.

Printed name	Signature	Date

HEALTH DEPARTMENT of Northwest Michigan

Authorization and Waiver

I authorize and request that my former employers, references, and educational institutions that have information about me give to Health Department of Northwest Michigan any information and opinions about me in their possession. I hereby waive written notice of the release of such opinions and information (including disclosure of disciplinary actions) and I release such former employers, references, and educational institutions from any liability or claim relating to such release of opinions and information.

I also authorize and request that federal, state, and local governmental agencies release to Health Department of Northwest Michigan all information possessed by them concerning any criminal convictions on my record. I release such federal, state, and local governmental agencies from any liability or claim relating to such release of information.

I also authorize Health Department of Northwest Michigan to use a consumer reporting agency to obtain a criminal background check on me.

I authorize all medical doctors, physicians, or other health care providers to release to Health Department of Northwest Michigan any and all information in their possession or under their control, relating to my pre-employment physical and drug screening. I hereby release from any and all liability every medical doctor, physician, health care provider, and every other person, firm, office, corporation, association, organization, or institution which complies with this authorization or any request made in this respect. I understand that this release will not be sent to my physician or to any other health care provider until a job offer has been made to me, which may, or may not, be contingent upon my medical / physical suitability for employment.

A photocopy of this signed authorization and waiver will be valid as an original.

Applicant printed name	
Applicant signature	
Date	