MMP
MID-MICHIGAN PHYSICIANS, P.C.

EMPLOYMENT APPLICATION (10/06)

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Name: First Middle Init. Last	Soc. Sec. No.
Current Street Address: City State Zip Code	
Phone Number: Home Work	Drivers License No.

Have you even been known by or used another name for work, school, or any other purpose? ☐ Yes ☐ No
If yes, please list other name(s):

For what position are you applying?

Are you 18 years of age or older? ☐ Yes ☐ No	Today's Date:

Salary Desired: $ per (*please specify hour, week or annually*)

Schedule Desired: Full-Time ☐ Part-Time ☐ # of Hrs. per Week _____ Per-Diem ☐ # of Hrs. per Week _____

Could you work overtime? ☐ Yes ☐ No	What date could you start work?	E-Mail Address:

How did you hear about this position? Ad ☐ Website ☐ Relative ☐ Friend ☐ MMP Employee ☐ Other ☐
Name: _____

List any relatives employed by Mid-Michigan Physicians, P.C. :

Name	Relationship	Division of Employment
Name	Relationship	Division of Employment

PROFESSIONAL LICENSURE – REGISTRATION – CERTIFICATION

Are you currently licensed, registered or certified in a Profession or Trade? ☐ Yes ☐ No If yes, list organizations:

State:	☐ License No.	☐ Other (List No.)	Expiration Date:
State:	☐ License No.	☐ Other (List No.)	Expiration Date:

For Licensed, Registered, or Certified Professionals: Have you ever had your License, Registration, or Certification suspended or restricted in any state? ☐ Yes ☐ No ***If yes, please explain***:

MILITARY SERVICE

Did you serve in the U.S. Military? ☐ Yes ☐ No If yes, what Branch of Service: _____

Dates of Services: From - To - (***Month/Year***)

Type of Discharge:

PREVIOUS EMPLOYMENT

Please list your jobs, starting with current employment or most recent ***first****. Include work related internships and volunteer work.*

Company:	Full-Time ☐ Part-Time ☐	Duties/Responsibilities:
City: State:	EMPLOYMENT DATES *From* *To*	
Telephone No.:		
Position Title:	SALARY INFORMATION $ ________ hour week month annual (***circle one***)	
Supervisor:		
Reason For Leaving:		
Company:	Full-Time ☐ Part-Time ☐	Duties/Responsibilities:
City: State:	EMPLOYMENT DATES *From* *To*	
Telephone No.:		
Position Title:	SALARY INFORMATION $ ________ hour week month annual (***circle one***)	
Supervisor:		
Reason For Leaving:		
Company:	Full-Time ☐ Part-Time ☐	Duties/Responsibilities:
City: State:	EMPLOYMENT DATES *From* *To*	
Telephone No.:		
Position Title:	SALARY INFORMATION $ ________ hour week month annual (***circle one***)	
Supervisor:		
Reason For Leaving:		
Company:	Full-Time ☐ Part-Time ☐	Duties/Responsibilities:
City: State:	EMPLOYMENT DATES *From* *To*	
Telephone No.:		
Position Title:	SALARY INFORMATION $ ________ hour week month annual (***circle one***)	
Supervisor:		
Reason For Leaving:		

PROFESSIONAL REFERENCES

(*Please, do not list more than one personal friend &/or family member*, nor more than one MMP associate.)

Name	Title	Company	Telephone No.	Prof. Relationship

EDUCATIONAL BACKGROUND

School	Name & Location (City/State)	Course of Study	Dates Month & Yr	Did You Graduate?	Diploma Or Degree
High School				☐ Yes ☐ No	
Trade or Business School				☐ Yes ☐ No	
College/ University				☐ Yes ☐ No	
School of Nursing				☐ Yes ☐ No	
Medical School				☐ Yes ☐ No	
Other				☐ Yes ☐ No	

List any Professional Affiliations to which you belong (*please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability*):

MISCELLANEOUS

Have you ever been arrested for a felony? ☐ Yes ☐ No
If yes, please explain:

(*Applications are not automatically rejected due to any prior conviction however, a conviction may be taken into consideration depending on the nature of the conviction, the date of the conviction, and other factors relevant to the position for which you have applied.*)

Have you ever been convicted of, pled guilty to, or pled no contest to ANY crime whether it was a felony, misdemeanor, or other?
If yes, please explain: ☐ Yes ☐ No

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

HEALTH CARE PROVIDERS ONLY: Have you ever been named in a malpractice suit? ☐ Yes ☐ No
If yes, please explain:

HEALTH CARE PROVIDERS ONLY: Is there anything in your personal and/or professional background that may prevent you from receiving hospital privileges? ☐ Yes ☐ No **If yes, please explain**:

Can you perform all of the essential job duties of the job for which you are applying, with or without accommodation? ☐ Yes ☐ No

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contracted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Mid-Michigan Physicians, P.C. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

_____
INITIALS

All hiring and employment at Mid-Michigan Physicians, P.C. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Mid-Michigan Physicians, P.C. has no specific term and may be terminated by the employee or Mid-Michigan Physicians, P.C. with or without notice. I acknowledge that Mid-Michigan Physicians, P.C.. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Mid-Michigan Physicians, P.C. and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to Mid-Michigan Physicians, P.C. I agree to release and hold harmless Mid-Michigan Physicians, P.C. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Mid-Michigan Physicians, P.C. may be terminated.

_____ _____

APPLICANT'S SIGNATURE **DATE**

DIVISION ACCEPTANCE

NOTE: *If applicant is accepted for the position, the information below must be completed. You must sign below for the applicant to be scheduled for a physical and to complete the new hire paperwork.*

Applicant Name:	Division:
Job Title:	FLSA Status: ☐ Exempt ☐ Non-Exempt
Status: (*Circle One*) Full-Time Part-Time Per-Diem	Normal Hours Per Week: _____ Scheduled Days/Hrs: _____
Employee Replaced:	
Approved for Employment: _____ *Hiring Division Manager Signature*	_____ *Date*

FOR HUMAN RESOURCES (ONLY)

Employee ID No. :	DOH:
Rate of Pay: _____ Approved by: _____ *H. R. Manager*	_____ *Date*
Physical/Drug Screen Date:	
Background Verification Date: _____ Start _____ End	