

APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application _____

THIS APPLICATION WILL BE ACTIVE ONLY FOR 182 DAYS

We are an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic protected by state or federal law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known. Federal law has no such requirement.

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Telephone #: Home (_____) _____ Work (_____) _____

Are you 18 years or older? Yes No (If not, must verify that you are of minimum age for position)

Date You Can Start: _____

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Amount of Wages Expected \$ _____ Type of Employment: Full-Time Part-Time

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied to Sleep Diagnostics of Michigan before? _____

Under what name? _____ When? _____ Position: _____

Have you ever worked for the Sleep Diagnostics of Michigan before? _____

Under what name? _____ When? _____ Position: _____

Have you ever been arrested for a felony that has not yet resulted in dismissal or conviction? Yes* No

Have you ever been convicted of any crime other than a minor traffic violation? Yes* No

*If yes to either/both of the above, please state citation(s), date(s), place where offense(s) occurred and disposition or current status. _____

(The response to the above questions will be considered in the context of job-relatedness only.)

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	GRADUATE? DEGREE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? No Yes (Must provide verification)

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. _____

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

NAME/OCCUPATION	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Can we telephone you during the day to follow up on this application? No Yes

At what number should we call you? _____ When is the best time to call? _____

Emergency Contact: _____
 Name Relationship to You

Street City/State Telephone No.

ALL CURRENT AND FORMER EMPLOYERS: (Most Recent One First; Continue on back if necessary)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May we contact any and/or all of your former employers? Yes No

If not, which one(s)? _____

Please read the following statement carefully before signing to indicate your understanding:

I understand that prior to being offered employment, I may be requested to take an employment examination. If I have a disability that will affect my ability to take the test, I will inform Sleep Diagnostics of Michigan of that prior to the administration of the test to see if a reasonable accommodation can be made. Sleep Diagnostics of Michigan reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, falsified statements or omitted information on this application will result in termination of the hiring process or employment relationship.

I understand and agree that if hired, my employment relationship is at-will. As such, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated with or without cause, at any time, with or without notice. I also understand that no one can modify this at-will relationship unless it is in a writing for that purpose that is signed by the President of the Sleep Diagnostics of Michigan. The writing may be a contract that may cover me after a certain period of employment.

I authorize investigation of all statements contained in this application for any employment-related purpose. I specifically grant authority to the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have or that you may request. I hereby release these references and former employers from all liability for any information they may give to you.

I understand and agree that any claim, complaint, action or suit relating to this application, including any discrimination or wrongful failure to hire claims, must be commenced not more than one hundred eighty-two (182) calendar days after the event giving rise to the claim, complaint, action, or suit; or no later than the applicable limitations period established by statute, whichever is less.

_____ Date _____ Signature of Applicant

*Employers specifically excepted: _____

I hereby waive my right to written notice by all present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to Sleep Diagnostics of Michigan by present and/or former employers. _____ Yes _____ No

_____ Date _____ Signature of Applicant

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____