

# Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify Michigan Gastroenterology Institute as soon as possible.

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Michigan Gastroenterology Institute (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

## PERSONAL INFORMATION

\_\_\_\_\_ Date of application

\_\_\_\_\_  
Name (first, middle, last)

\_\_\_\_\_  
Present Address (street, city, state, zip code)

\_\_\_\_\_  
Telephone Number Where You Can be reached at

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Salary/ Hourly Rate Desired

\_\_\_\_\_  
Date Available

- |   | Yes   | No    |
|---|-------|-------|
| 1. Are you at least 18 years old?   | _____ | _____ |
| 2. Work Permit No. _____ (if under 18)  |       |       |
| 3. Have you ever been convicted of a crime (including misdemeanors)?  | _____ | _____ |
| Are there any felony charges pending against you?<br>(A "Yes" answer to either question will not automatically disqualify you). | _____ | _____ |
| Explain: _____<br>_____   |       |       |
| 4. Have you previously been employed with this Company?<br>If yes, when: _____<br>Under what name: _____                        | _____ | _____ |

- |    |   |       |
|----|---|-------|
|    | Yes   | No    |
| 5. | Have you submitted an application to the Company before?<br>If yes, when: _____<br>Under what name: _____ | _____ |
| 6. | List any/all relatives currently employed at the Company.<br>_____<br>_____                               |       |

**EDUCATIONAL HISTORY**

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: \_\_\_\_\_

GED: \_\_\_\_\_ State: \_\_\_\_\_

| <u>Schools (include trade schools) attended other than high school</u> | <u>Location (City and State)</u> | <u>Course or Major Studied</u> | <u>Dates Attended</u> | <u>Degree</u> |
|--|----------------------------------|--------------------------------|-----------------------|---------------|
| _____  | _____                            | _____                          | _____                 | _____         |
| _____  | _____                            | _____                          | _____                 | _____         |
| _____  | _____                            | _____                          | _____                 | _____         |

**REFERENCES**

List three individuals not related to you, whom you have known for at least one year.

|         |                  |                  |
|---------|------------------|------------------|
| Name    |                  | Relationship     |
| Address | Telephone Number | Years Acquainted |

|         |                  |                  |
|---------|------------------|------------------|
| Name    |                  | Relationship     |
| Address | Telephone Number | Years Acquainted |

|         |                  |                  |
|---------|------------------|------------------|
| Name    |                  | Relationship     |
| Address | Telephone Number | Years Acquainted |

## EMPLOYMENT HISTORY

List below, beginning with your most recent, all present and past employment (use a separate sheet of paper if necessary).

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|  |                 |                     |
|--|-----------------|---------------------|
| Company Name                           | Company Address | Phone Number        |
| Position Held/Job Title                |                 | Dates of Employment |
| Name and Title of Immediate Supervisor |                 |                     |
| Reason for Leaving                     |                 | Hourly Wage/Salary  |
| Brief Description of Duties            |                 |                     |

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| Reason for Leaving                     |                 | Hourly Wage/Salary  |
| Brief Description of Duties            |                 |                     |

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In case of emergency, contact:

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|         |           |
|---------|-----------|
| Name    | Telephone |
| Address |           |

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of Michigan Gastroenterology Institute, if employed.

I understand that consideration for employment at Michigan Gastroenterology Institute is conditional upon a review of my qualifications, work history, references, etc. I authorize Michigan Gastroenterology Institute to request and obtain verification that the information given to me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers \* to cooperate with Michigan Gastroenterology Institute, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to Michigan Gastroenterology Institute, in connection with my application for employment with Michigan Gastroenterology Institute. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to Michigan Gastroenterology Institute.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wage and salary, be terminated at any time by me or Michigan Gastroenterology Institute, with or without cause, and with or without any previous notice. I also understand and agree that Michigan Gastroenterology Institute has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Michigan Gastroenterology Institute employee or representative, other than the Board of Directors, has either the power or authority to enter into any agreement for employment for any specified period of time, or make any representations or agreements contrary to any foregoing, unless that agreement is in writing and is signed by the Board of Directors. I understand that any prior representations, promises, contracts or statements made by or on behalf of Michigan Gastroenterology Institute are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by Michigan Gastroenterology Institute, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

MGI reserves the right to do a criminal background check on all applicants as well as reference checks to past employers. Please enter your information allowing us to do so:

DOB: \_\_\_\_\_

OTHER NAMES USED (INCLUDING MAIDEN)

\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Applicant's name-printed)

\* Employers specifically excepted: \_\_\_\_\_