

SAINT MARY'S HEALTH MANAGEMENT COMPANY

EAST HILLS ATHLETIC CLUB • ORCHARD HILLS SWIM & SPORTS CLUB • MICHIGAN ATHLETIC CLUB

EHAC • 1640 East Paris SE
Grand Rapids, MI 49546
Telephone (616) 224-5400
Fax (616) 224-5448

MAC • 2500 Burton SE
Grand Rapids, MI 49546
Telephone (616) 956-0944
Fax (616) 956-0668

OHSS • 115 Crahen SE
Grand Rapids, MI 49525
Telephone (616) 224-8700
Fax (616) 224-8703

EMPLOYMENT APPLICATION

We do not discriminate in hiring due to age, race, creed, color, religion, national origin, sex or disability. Saint Mary's Health Management Company will provide reasonable accommodation to all qualified disabled applicants and employees. To be considered for employment at Saint Mary's Health Management Company (SMHMC):

1. Complete each section of this application.
2. Clearly indicate the job title, and location of the position for which you are applying found on the Job posting at one of our locations or on the websites, which are www.ehac.com or www.michiganathleticclub.com.
3. Meet the minimum qualifications of the position, as posted.

____/____/_____
Date of this Application (mm/dd/yyyy)

____-____-_____
Social Security Number

First Name

Middle Name

Last Name

Other Last Name Under Which You Have Worked

AND

Other First Name Under Which You Have Worked

Current Street Address

Apartment #

City

State

Zip

Permanant Street Address

Apartment #

City

State

Zip

____-____-_____
Home Phone

____-____-_____
Alternate Number

____-____-_____
Cell Phone Number

Email Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Schedule* <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work weekends?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally
	Days Available* <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
	Employment Type <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Any
*Please note: Your responses to these questions will not necessarily have any affect on your chances for employment; only job related factors will be taken into account.	

POSITION PREFERENCE

First Position Preference Job Title

Second Position Preference Job Title

Third Position Preference Job Title

REFERRAL SOURCE

How did you learn about SMHMC:

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Ad _____ | <input type="checkbox"/> Friend/relative _____ |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> Other _____ |

EDUCATION/SKILLS

Type of School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree	Grade Point Average
			1	2	3	4			
High			1	2	3	4	<input type="checkbox"/> Yes		
						<input type="checkbox"/> No			
College			1	2	3	4	<input type="checkbox"/> Yes		
						<input type="checkbox"/> No			
Other			1	2	3	4	<input type="checkbox"/> Yes		
						<input type="checkbox"/> No			

List Other Skills, Training or Courses _____

MILITARY RECORD

Do you have any Service in the U. S. Armed Forces or State Militia? Yes No (If Yes, please complete below)

Branch of Service _____ From ____/____/____ to ____/____/____
(mm/yyyy) (mm/yyyy)

Rank on Discharge _____ Reserve Status _____

CRIMINAL RECORD

Have you ever been convicted, or pled guilty or no contest, of any felony or misdemeanor? Yes No If Yes, give details (what happened, when, etc...)

Do you have any pending felony charges against you? Yes No If Yes, give details including city, state and year: _____

(When, where and facts surrounding each offense. If necessary, use a separate piece of paper.)

A conviction is not an automatic bar to employment but will be evaluated based upon legitimate business needs of the organization and type of position for which you have applied.

PRIOR SAINT MARY'S EMPLOYMENT

Have you ever been employed at a Saint Mary's Health Management facility? Yes No

If yes, name the Facility _____

Dates of employment _____ Department/Position _____

Reason for leaving _____ Are you eligible for rehire? Yes No

PREVIOUS EMPLOYMENT HISTORY (Starting with current or most recent employer)

Are you currently employed? Yes No If yes, may we contact your supervisor? Yes No

Job Title:	From:	To:	Salary:	(Hr/Mo/Yr)
Duties:	Supervisor:			
Employer:	Phone:			
Address:	Reason for leaving:			
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call #of hours_____per week	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title:	From:	To:	Salary:	(Hr/Mo/Yr)
Duties:	Supervisor:			
Employer:	Phone:			
Address:	Reason for leaving:			
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call #of hours_____per week	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title:	From:	To:	Salary:	(Hr/Mo/Yr)
Duties:	Supervisor:			
Employer:	Phone:			
Address:	Reason for leaving:			
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call #of hours_____per week	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title:	From:	To:	Salary:	(Hr/Mo/Yr)
Duties:	Supervisor:			
Employer:	Phone:			
Address:	Reason for leaving:			
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call #of hours_____per week	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCE INFORMATION

(Provide at least two previous supervisors and two personal references, not related to you, that we may contact for a reference)

Name of Supervisor:	Title:
Name of Company:	Phone Number ()
Name of Supervisor:	Title:
Name of Company:	Phone Number ()
Name of Personal Reference:	Phone Number ()
How do you know this person and for how long?	
Name of Personal Reference:	Phone Number ()
How do you know this person and for how long?	

APPLICANT AUTHORIZATION AND RELEASE
(Read the following carefully then sign and date where indicated)

THIS EFFECTS YOUR LEGAL RIGHTS . . . DO NOT SIGN UNLESS YOU READ IT AND AGREE TO IT.

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION (AND ANY RESUME OR OTHER SUPPLEMENT) ARE TRUE, COMPLETE AND CORRECT, AND I GRANT ST. MARY'S HEALTH MANAGEMENT COMPANY (SMHMC) PERMISSION TO VERIFY ALL SUCH ANSWERS. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS ON THIS APPLICATION MAY CAUSE REJECTION OF THE APPLICATION, AND WILL BE SUFFICIENT GROUNDS FOR DISCHARGE IF DISCOVERED SUBSEQUENT TO MY EMPLOYMENT.

I AUTHORIZE SMHMC TO INVESTIGATE MY SUITABILITY FOR EMPLOYMENT, INCLUDING MY PAST EMPLOYMENT, EDUCATION, CRIMINAL HISTORY, ETC. I AUTHORIZE MY CURRENT AND PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS AND OTHER SOURCES OF INFORMATION, AS WELL AS THEIR RESPECTIVE AGENTS AND EMPLOYEES, TO PROVIDE ANY INFORMATION LAWFULLY REQUESTED BY SMHMC, AND I RELEASE ALL OF THEM FROM ANY AND ALL CLAIMS ARISING IN ANY WAY FROM THEIR PARTICIPATION IN SUCH AN INQUIRY OR INVESTIGATION OR THEIR USE OR DISCLOSURE OF ANY INFORMATION ABOUT ME. I WAIVE ANY RIGHT TO RECEIVE ANY NOTICE CONCERNING DISCLOSURES MADE AS A PART OF SUCH INQUIRY OR INVESTIGATION. I AUTHORIZE SMHMC TO SHARE THIS APPLICATION (AND ANY SUPPLEMENT OR RESUME), AND ANY INFORMATION OBTAINED FROM ANY INVESTIGATION, WITH OTHER PERSONS OR ENTITIES ASSOCIATED WITH SMHMC.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL UPON ME SUBSEQUENTLY PASSING A PRE-EMPLOYMENT PHYSICAL EXAMINATION AND/OR THE ASSOCIATED LABORATORY TESTS (INCLUDING TESTS FOR DRUG/ALCOHOL USAGE, ETC.) IF SO DIRECTED BY SMHMC. I AGREE TO SIGN ANY MEDICAL CONSENTS RELATED TO SUCH EXAMINATIONS AND TESTS, AND I AUTHORIZE THE MEDICAL/TESTING AGENCIES CONDUCTING THE EXAMINATION AND/OR TESTS TO REPORT THE RESULTS TO SMHMC, ITS AGENTS AND EMPLOYEES. I ALSO RELEASE SMHMC AND THE MEDICAL/TECHNICAL TESTING AGENCIES, AS WELL AS THEIR RESPECTIVE AGENTS AND EMPLOYEES, FROM ALL CLAIMS ARISING FROM THEIR ADMINISTRATION, USE OR DISCLOSURE OF RESULTS FROM SUCH PHYSICAL EXAMINATION OF ME, INCLUDING ANY LABORATORY TESTS.

I UNDERSTAND AND AGREE THAT ANY EMPLOYMENT OBTAINED WITH SMHMC SHALL BE AT SUCH WAGES, BENEFITS, HOURS, AND CONDITIONS AS THE COMPANY MAY DETERMINE AND CHANGE FROM TIME TO TIME. SUCH EMPLOYMENT SHALL BE "AT WILL", FOR NO DEFINITE TERM AND CAN BE TERMINATED BY ME OR SMHMC AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, REGARDLESS OF ANY CONTRARY PROVISIONS IN ANY OTHER FORMS, MANUALS, HANDBOOKS, ETC. I UNDERSTAND THAT NO ONE OTHER THAN THE PRESIDENT OF SMHMC HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WHICH IS CONTRARY IN ANY WAY TO THE FOREGOING AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING AND PERSONALLY ADDRESSED TO ME AND SIGNED BY THE PRESIDENT, OR IT SHALL NOT BE BINDING. IF EMPLOYED BY SMHMC, I AGREE TO ABIDE BY THE RULES, REGULATIONS AND POLICIES OF SMHMC, INCLUDING ANY CHANGES THE COMPANY MAKES IN THE FUTURE, WITH OR WITHOUT PRIOR NOTICE TO ME.

I AGREE THAT IF I AM OFFERED EMPLOYMENT, ANY ACTION OR SUIT AGAINST THE COMPANY ARISING FROM MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT (INCLUDING ANY CLAIMS FOR BREACH OF CONTRACT OR ALLEGED VIOLATIONS OF ANY LOCAL, STATE OR FEDERAL EMPLOYMENT DISCRIMINATION LAWS) MUST BE BROUGHT WITHIN THE FOLLOWING TIME LIMITS OR BE FOREVER BARRED: FOR LAWSUITS REQUIRING A NOTICE OF RIGHT TO SUE FROM THE EEOC, 90 DAYS AFTER RECEIPT OF SUCH NOTICE; FOR ALL OTHERS, 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIM, OR SUCH SHORTER PERIOD AS SPECIFIED BY LAW. I WAIVE ANY STATUTE OF LIMITATIONS PROVIDING ANY LONGER PERIOD OF TIME TO BRING ANY CLAIM.

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF SIX (6) WEEKS, AND THAT I MUST RE-APPLY IN WRITING AT THE END OF SUCH PERIOD IF I WISH TO BE CONSIDERED AFTER THAT PERIOD.

DATE _____ SIGNATURE OF APPLICANT _____

IT IS THE POLICY OF SMHMC TO IMPLEMENT AFFIRMATIVELY EQUAL OPPORTUNITY TO ALL QUALIFIED EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY, HEIGHT, WEIGHT, MARITAL STATUS, OR OTHER PROHIBITED FACTORS. SMHMC PROVIDES REASONABLE ACCOMMODATIONS TO ALL QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES