



2045 Austin Drive
Troy, MI 48083
(248) 457-0344 Phone
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A non-profit community service

APPLICATION FOR EMPLOYMENT

Received HR _____

Alliance Mobile Health is an equal opportunity employer.
Alliance may test applicants for drugs, and you must pass the drug test to be eligible for employment.

(PLEASE PRINT)

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET APT. CITY STATE ZIP CODE

Telephone: (_____) _____ Social Security Number: _____
AREA CODE

Telephone number where you can be reached during business hours: (_____) _____
AREA CODE

Name of person to notify in case of emergency: _____

Address: _____
NUMBER STREET APT. CITY STATE ZIP CODE

Telephone Work: (_____) _____ Home: (_____) _____
AREA CODE AREA CODE

Have you worked under any other names: [] Yes [] No If yes, specify: _____

Do you have any relatives working at Alliance Mobile Health? [] Yes [] No

If yes, please give name(s): _____

If you are under 18, can you furnish a work permit? [] Yes [] No

Have you ever filed an application here before? [] Yes [] No If yes, give date: _____

Have you ever been employed here before? [] Yes [] No If yes, give date: _____

Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

Are you legally eligible to work in the U.S.? [] Yes [] No

Proof of citizenship or immigration status will be required upon employment.

How did you hear about this opening? _____

Type of work desired: _____ Earliest date available: _____

Check yes or no, indicate your availability to work:

Full-time [] Yes [] No Temporary [] Yes [] No Day [] Yes [] No
Part-time [] Yes [] No Permanent [] Yes [] No Evening [] Yes [] No
Weekends [] Yes [] No Overtime [] Yes [] No Midnight [] Yes [] No
Rotation [] Yes [] No Holidays [] Yes [] No

Have you been convicted of a felony or misdemeanor within the last 7 years? [] Yes [] No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

Education

	Year Started	Year Finished	Name and Location of School	Major	Graduate	Degree/Diploma	Grade Point
High School	X	X					
College or University							
College or University							
EMS Education							
Other							

Honors Received: State any additional information you feel may be helpful to us in considering your application.

What profession(s) are you licensed, certified, or registered to practice? _____

State _____ License Number _____ Expiration Date _____

State _____ License Number _____ Expiration Date _____

Name and driver's license number as it appears on your driver's license: _____

Is your driver's license suspended or restricted in any way? Yes No

INCLUDE PHOTOCOPY OF YOUR EMS LICENSE AND CURRENT ACLS CERTIFICATION

Employment Experience

Starting with your present or last employer, list all employment within the last 10 years.

1	Employer				Dates Employed		Work Performed
					From	To	
	Address	City	State	Zip Code			
	Job Title	Telephone ()			Hourly Rate/Salary		
	Supervisor	May we contact?					
	Reason for Leaving	Full-time					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment Experience, continued

2	Employer				Dates Employed		Work Performed
					From	To	
	Address	City	State	Zip Code			
	Job Title		Telephone ()		Hourly Rate/Salary		
					Starting	Final	
	Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Reason for Leaving		Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No				

3	Employer				Dates Employed		Work Performed
					From	To	
	Address	City	State	Zip Code			
	Job Title		Telephone ()		Hourly Rate/Salary		
					Starting	Final	
	Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Reason for Leaving		Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No				

4	Employer				Dates Employed		Work Performed
					From	To	
	Address	City	State	Zip Code			
	Job Title		Telephone ()		Hourly Rate/Salary		
					Starting	Final	
	Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Reason for Leaving		Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No				

5	Employer				Dates Employed		Work Performed
					From	To	
	Address	City	State	Zip Code			
	Job Title		Telephone ()		Hourly Rate/Salary		
					Starting	Final	
	Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Reason for Leaving		Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No				

PLEASE DESCRIBE ANY LAPSES OF EMPLOYMENT OR ADDITIONAL EMPLOYMENT EXPERIENCES ON A SEPARATE SHEET OF PAPER.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

Can you perform the essential functions of the position for which you are applying with or without accomodation?

Yes No

If no, please explain: _____

Give names, addresses, and telephone numbers of three references who are not related to you.

	NAME	COMPLETE ADDRESS	TELEPHONE	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PLEASE READ THE FOLLOWING BEFORE SIGNING:

1. In consideration of any employment at Alliance Mobile Health, I agree that my employment is at the will of Alliance during the probationary period, which is the first 180 days of employment and any extensions thereof. This means that either Alliance or I have the right to terminate my employment with or without cause and with or without advance notice during this period. I understand that if I successfully complete the probationary period of employment, my employment is terminable "for cause" as defined by Alliance's Code of Conduct and other employment policies. I agree to abide by Alliance's Code of Conduct and other employment policies.
2. I further recognize that if employed by the Company, I agree, in partial consideration for my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than 1 year after the termination of such employment and agree to waive any statute of limitations to the contrary.
3. I understand that any offer of employment made to me by Alliance Mobile Health is contingent upon a favorable health evaluation which may include a physical examination by a doctor selected by Alliance Mobile Health, including drug/alcohol testing. An offer of employment is also contingent upon pre-employment testing, evidence of U.S. citizenship or U.S. permanent resident status, and approval by Alliance Mobile Health's motor vehicle insurance carrier.
4. I hereby authorize an investigation of my past employment activities and statements in this application and specifically authorize Alliance Mobile Health to consult with all third parties with whom or which I have been associated concerning my qualifications and character or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my qualifications and character, and I hereby release all third parties who provide information to Alliance Mobile Health with or without notice to me, from any and all liability for the transmittal of any information bearing on my qualifications and character in connection with any such request. I further authorize and release Alliance Mobile Health from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my qualifications as Alliance Mobile Health has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my qualifications. I hereby waive on behalf of Alliance Mobile Health and any and all third parties any and all notice(s) I would otherwise be entitled to under Public Act 397 of 1978.
5. I will hold in the strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without Alliance Mobile Health's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other confidential matters of Alliance Mobile Health.
6. I understand that if I have a handicap I must tell you in writing of my need for accommodation within 182 days after I know or reasonably should know that an accommodation is needed. I further understand that failure to do so prevents me from alleging a violation of the accommodation requirements of the 1990 amendments of the The Michigan Persons With Disabilities Civil Rights Act.
7. I give my consent to Alliance Mobile Health to take and use videotape and/or still footage of me; as well as to use my name, voice or verbal statements for educational and promotional purposes. I also consent that this footage may be used for public presentation. I waive any possible claim for damages or payment in any form for my performance or service in connection with this footage.
8. If hired, I agree as a condition of employment, to arbitrate, in accordance with the Alliance Mobile Health Arbitration Policy, any claims related to whether Alliance has "just cause" to terminate my employment and any other common law claims. I agree to process any employment related disputes through Alliance grievance review procedures.

I hereby acknowledge that I have read the above statements and understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provide by me on this application may result in my rejection as an applicant or my termination from employment.

SIGNATURE OF APPLICANT

____/____/____
DATE