



18600 Malyn Blvd.
 Fraser, Michigan 48026
 www.hmark.com
 healthmark@hmark.com
 P: 800.521.6224 F: 586.491.2113

We are an equal opportunity employer and will not discriminate on the basis of race, color, sex, national origin, age, religion, marital or veteran status, the presence of a medical condition or disability, height, weight, arrest record or any other protected status in the hiring, payment, discipline or promotion of employees.

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled applicants and employees may request an accommodation on their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

Name _____ Date of Application _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____ Phone # _____

Are you 18 years or older? _____ Yes _____ No

Are you legally eligible for employment in the US? _____ Yes _____ No

Have you been previously employed here? _____ Yes _____ No

If Yes, date(s) _____

List friends or relatives working here _____

Do you have a reliable method for getting to work? _____ Yes _____ No

Position applied for Full Time _____ Part Time _____ Other _____

Referral Source (how did you hear about us?) _____

Do you have any special training, skills, qualifications or other experiences that relate to the position applied for?

If Yes, describe _____

Days available to work	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Times available to work							

Will you work overtime if asked? _____ Yes _____ No

When will you be available to begin work? _____

What is the Salary/Hourly wage you desire? _____



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EMPLOYMENT HISTORY

Employer _____

Address _____

Job Title _____

Responsibilities _____

Supervisor _____

Reason for Leaving _____

Dates Employed From _____ To _____

Employer _____

Address _____

Job Title _____

Responsibilities _____

Supervisor _____

Reason for Leaving _____

Dates Employed From _____ To _____

Employer _____

Address _____

Job Title _____

Responsibilities _____

Supervisor _____

Reason for Leaving _____

Dates Employed From _____ To _____



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EDUCATION

	Name/Location	Years Completed	Degree	Course of Study
High School				
College				
Other				

REFERENCES

Name	Address	Phone	Years Acquainted
1.			
2.			
3.			

Have you had any experience in the Armed Forces of the United States or in a State National Guard?

Yes _____ No _____ If yes, what branch _____

Special Training _____

Are you in the reserves? Yes _____ No _____

If yes, date obligation ends _____

Special Training _____



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AUTHORIZATION AND UNDERSTANDING

Upon the signing of the application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of employment.

AT WILL STATUS: In consideration of my employment, I agree to conform to the rules and regulations of the Company, and my employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of the Company or myself. I agree that no one other than the President has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing by the President or designated representatives. I also understand and acknowledge that any concerns I have must be brought forth within the 180-day limitation action period.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. I FURTHER UNDERSTAND AND AGREE ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION OR IN SUBSEQUENT INTERVIEWS ARE GROUNDS FOR DISQUALIFICATION FOR CONSIDERATION OF EMPLOYMENT AND FOR IMMEDIATE DISMISSAL OF EMPLOYMENT IF THE DISCOVERY IS MADE AFTER EMPLOYMENT BEGINS.

Signature _____ Date _____