Hospice of Lansing
Stoneleigh Residence

APPLICATION FOR EMPLOYMENT

Thank you for your interest in our organization. We consider all qualified applicants, and a clear understanding of your background, experience, and work history helps us match you with the role best suited to your skills and goals.

We are an **equal opportunity employer**. In accordance with federal and Michigan law, we do not unlawfully discriminate based on **race, color, religion, national origin, sex (including pregnancy, gender identity, or sexual orientation), age, disability, genetic information, height, weight, marital status, familial status, or any other characteristic protected by law** (including those newly codified in Michigan).

We are committed to providing reasonable accommodations for applicants with disabilities during the application and hiring process. If you require an accommodation, please contact us so we can discuss how to best support you.

PERSONAL

Name: _____ Date of Application _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (_____) _____ E-mail address: _____

Are you 18 years or older? ☐ Yes ☐ No Are you a U.S. citizen? ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

Have you been previously employed here? ☐ Yes ☐ No If yes, date(s) _____

Supervisors Name: _____

Have you filed an application before? ☐ Yes ☐ No If yes, date(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Kind of work sought: ☐ Full time ☐ Part time ☐ Casual

Do you have any special training, skills, qualifications or other experiences that relate to the positions(s) applied for?

_____

Salary desired: _____ Date available to work: _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer:	Date		Work Performed
	Address :	From	To	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Reason for leaving :			
2	Employer:	Date		Work Performed
	Address :	From	From	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Employer:			
3	Employer:	Date		Work Performed
	Address :	From	To	
	Phone number with area code :	Hourly Rate/Salary		
	Job Title :	Starting	Final	
	Supervisor :			
	Employer:			

List any other positions held on reverse of last sheet.

EDUCATION

List your educational background that is relevant to the position:

- High School / GED: _____ | Completed: ☐ Yes ☐ No
- College / University: _____ | Degree/Field: _____
- Technical /Vocational Training: _____ | Certification(s):_____
- Other training, licenses, or certifications relevant to this position: _____

_____

REFERENCES Please provide the names of three individuals (not relatives) who can speak to your qualifications for this position:

	Name	Address	Phone Number
1.			
2.			
3.			

Military Service

Have you served in the U.S. Armed Forces or in a State National Guard? ☐ Yes ☐ No
If yes, please indicate:

- Branch of Service: _____
- Dates of Service: _____
- Current Military Status (e.g., active, reserve, discharged): _____
- Relevant skills, training, or certifications obtained during military service that relate to the position you are applying for: _____

Note: Disclosure of military service will not be used to discriminate against any applicant. This information is requested only to understand training and experience that may be relevant to the position. We comply with all federal and state laws protecting service members and veterans, including USERRA.

ADDITIONAL INFORMATION

Conviction History

Have you ever been convicted of a crime that is directly related to the position for which you are applying? ☐ Yes ☐ No
If yes, please describe the nature of the offense, the date, and the location:

_____

Note: A conviction will not automatically disqualify you from employment. Factors such as the seriousness of the offense, the time elapsed, and its relation to the position will be considered, in compliance with Michigan law and the federal Fair Credit Reporting Act (if applicable).

Driver's License (complete only if required for the position)

Do you have a valid driver's license? ☐ Yes ☐ No
State issued: _____ | License classification/type (not number):

_____

Note: Driver's license information will be requested only if the position requires driving as an essential function.

Other Information

Please share any additional information, skills, or experiences you believe may be helpful in evaluating your application: _____

Authorization & Consent

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from employment or termination if already employed.

I authorize Hospice of Lansing to verify the information provided and to contact references, former employers, schools, and other sources for verification as necessary for employment purposes.

I understand that employment, if offered, will be at-will unless otherwise provided by written agreement, meaning either the company or I may terminate the relationship at any time, with or without cause or notice, consistent with applicable law.

I acknowledge that Hospice of Lansing complies with all federal and Michigan employment laws, including those prohibiting discrimination based on race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, height, weight, marital status, veteran or military status, genetic information, or any other protected characteristic.

Signature: _____ Date: _____