

**APPLICATION FOR EMPLOYMENT  
CHURCH OF CHRIST CARE CENTER  
CLINTON TOWNSHIP, MI 48035**

AN EQUAL OPPORTUNITY EMPLOYER

Referred By: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED - CLEARLY PRINT OR WRITE YOUR ANSWERS**

Full Name (Last) (First) (Middle) Today's Date: \_\_\_\_\_

Address (Number and Street) (City) (State) (Zip Code) How long have you lived at this address?

Telephone (Home) (Cell) Social Security # \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

Name of person to be notified in case of an emergency Address (Number & street, City, State) Telephone# Relationship

**GENERAL INFORMATION**

1. What position(s) are you applying for? \_\_\_\_\_

2. Do you want to work: Full Time [ ] Part Time [ ] Either [ ]

3. Which shift(s) are you available to work: Days [ ] Afternoons [ ] Mideights [ ] Any [ ]

4. How soon would you be available to work? Immediately [ ] Need to give notice [ ]

5. Have you ever been employed by this Care Center before? YES [ ] NO [ ] If YES, give dates and job: \_\_\_\_\_

6. Are you over the age of 18? YES [ ] NO [ ] If NO, state your age: \_\_\_\_\_

7. Have you ever been convicted of any crime except traffic violations? YES [ ] NO [ ] If YES, please give details: \_\_\_\_\_

8. Are you a U.S. Citizen? YES [ ] NO [ ] If NO, do you have working papers? \_\_\_\_\_

9. Are you currently employed? YES [ ] NO [ ] If YES, may we contact your present employer? \_\_\_\_\_

10. Do you have a relative that works here? YES [ ] NO [ ] If yes, relationship \_\_\_\_\_

If you are a nurse please complete: Michigan Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

**EDUCATION AND TRAINING**

School	Name of School	Location (City & State)	Circle Highest Year Completed	Major, Degree Credential	Graduate
High School			1 2 3 4		YES [ ] NO [ ]
Other (College Graduate, Business, Tech, Nursing, Night, Etc.)			1 2 3 4		YES [ ] NO [ ]
			1 2 3 4		YES [ ] NO [ ]

