

# APPLICATION FOR EMPLOYMENT

Alpena Regional Medical Center  
1501 W Chisholm Street  
Alpena, MI 49707  
Phone: 989-356-7355 or 800-556-8842 Fax: 989-356-7523

**Date of Application** \_\_\_\_\_ **Date Available** \_\_\_\_\_ **Shift Desired** \_\_\_\_\_

**Type of Employment:** (please check all that apply) \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Student \_\_\_ Pool \_\_\_ Per Diem/On Call

**Type of Position Desired:** \_\_\_\_\_ (please check all that apply)

- |                                                                           |                                                 |                                          |
|---------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Administrative/Clerical (clerical test required) | <input type="checkbox"/> Laboratory             | <input type="checkbox"/> Radiology       |
| <input type="checkbox"/> Cancer Center / Oncology                         | <input type="checkbox"/> Nursing                | <input type="checkbox"/> Rehab Services  |
| <input type="checkbox"/> Cardiopulmonary                                  | <input type="checkbox"/> Plant Operations       | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Central Service Department                       | <input type="checkbox"/> Pharmacy               | <input type="checkbox"/> Unit Secretary  |
| <input type="checkbox"/> Dietary                                          | <input type="checkbox"/> Management             | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Housekeeping                                     | <input type="checkbox"/> Materials Management   |                                          |
| <input type="checkbox"/> Home Care / Private Duty Services                | <input type="checkbox"/> MIS / Computer Science |                                          |

## APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	Social Security No.:
Present Street Address:		City, State:	Zip:
Home Telephone:	Cell Phone:	Email Address:	
How Long at Present Address?	Are you at least 18 years of age? ___ Yes ___ No	Are you a US Citizen? ___ Yes ___ No	
Previous Address (if less than 5 years):			
Notify in Emergency—Name:			
Address	City:	State:	Zip:
Home Telephone:	Cell Phone:	Relationship:	
Do you have any work limitations which would prevent your from performing the job for which you have applied? ___ Yes ___ No		If yes, describe the work limitations:	
_____			
Have you ever been employed by Alpena Regional Medical Center? ___ Yes ___ No		If yes, give dates	
Have you ever been convicted for other than a traffic offense? ___ Yes ___ No		If yes, please check ___ Misdemeanor ___ Felony Explain:	
_____			

## EDUCATION:

School	Name	Address	City & State	Diploma/Degree Received	Dates Attended	Major
High School				Yes / No		
College				Yes / No		
Other				Yes / No		

Please list all professional credentials: \_\_\_\_\_

Professional License Number \_\_\_\_\_ Type of Certification/Registry \_\_\_\_\_ State \_\_\_\_\_

*Place a check mark in the box by an area in which you have had appropriate experience:*

Business/Clerical:	Plant Services:	Patient Care Services:
<input type="checkbox"/> Accounting <input type="checkbox"/> Adding Machine <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Calculator <input type="checkbox"/> Cashier <input type="checkbox"/> Computer Operations <input type="checkbox"/> Data Processing <input type="checkbox"/> Human Resources <input type="checkbox"/> Insurance <input type="checkbox"/> Key punch <input type="checkbox"/> Machine transcription <input type="checkbox"/> Medical Coding <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Secretary <input type="checkbox"/> Typing Speed (wpm) _____	<input type="checkbox"/> Building Trades <input type="checkbox"/> Electronics <input type="checkbox"/> Food Service <input type="checkbox"/> Grounds <input type="checkbox"/> Housekeeping <input type="checkbox"/> Maintenance <input type="checkbox"/> Printing	<input type="checkbox"/> Central Service <input type="checkbox"/> Emergency Room Nursing <input type="checkbox"/> First Aid / CPR (Date Expires _____) <input type="checkbox"/> In-Home Health Care <input type="checkbox"/> Medical Nursing <input type="checkbox"/> OB/GYN Nursing <input type="checkbox"/> Operating Room <input type="checkbox"/> Orthopedic Nursing <input type="checkbox"/> Pediatric Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical /Occupational Therapy <input type="checkbox"/> Psychiatric Nursing <input type="checkbox"/> Radiology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Surgical Nursing <input type="checkbox"/> Other _____

