



Staffing Services Inc. of Michigan

Spartan Healthcare Staffing Services Inc. of Michigan

2840 E. Grand River Ave., Gables Plaza Ste 2, East Lansing, MI 48823

Phone : 517.203.0190

Fax 517.203.0174

APPLICATION FOR EMPLOYMENT

Spartan Healthcare is an equal opportunity employer. Applicants are considered for all positions regardless of race, gender, color, religion, nationality, age, disability, marital status or any other legally protected status.

Position (s) applying for _____ Shift _____ Today's date _____

Please Print

Name _____
Last First Middle

Social Security Number _____ - _____ - _____

Address

Street City State Zip Code

Telephone # () Cell/Other # ()

Date of Birth Driver's License/ID

Email address _____

Emergency Contact Name Relationship
Phone _____

Have you ever applied with this company? YES _____ NO _____

Date available _____ What is your desired hourly rate? _____

Are you at least 18 years and older? YES _____ NO _____

Are you legally eligible for employment in the United States? YES _____ NO _____

Proof of eligibility will be required if hired

Have you ever been convicted of a misdemeanor or felony? YES _____ NO _____

If yes please explain

Referral Source: Advertisement _____ Friend _____ Walk-in _____

Other: _____ Sex: Male _____ Female _____

Race/Ethnic Group: White _____ Black _____ Hispanic _____

American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Other _____

Have you been in the Military? YES _____ NO _____

Your Employment History

Please provide the following, starting with the most recent employer

From	To	Employer Phone #
Starting job title	Address	
Ending job title		
Immediate Supervisor	Summary of Job Duties	
May we contact? Yes or No		
Reason for leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer Phone #
Starting job title	Address	
Ending job title		
Immediate Supervisor	Summary of Job Duties	
May we contact? Yes or No		
Reason for leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
From	To	Employer Phone #
Starting job title	Address	
Ending job title		
Immediate Supervisor	Summary of Job Duties	
May we contact? Yes or No		
Reason for leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

Education

	Name	Years Completed	Did you Graduate	Course of Study
High School				
College				
Trade school				

Skills and Qualifications:

Licenses	Date Issued	Date Expired

References:

Name & Relationship	Telephone #	Years Known

Applicant Statement

I certify that all information, which I provided, is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application; or for immediate discharge of any position offered me.

I understand that Spartan Healthcare Staffing Services does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by law.

I authorize Spartan Healthcare Staffing Services without reservation to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, interview or any other instance in which I provided information. I hereby waive any and all rights and claims I may have regarding Spartan Healthcare for seeking such consideration of employment. Spartan Healthcare has the right to terminate my employment at any time with or without cause and with or without prior notice, except as maybe required by law.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-Form in this regard.

I am responsible and liable for any accidents and or injury to my car or any car involved with my car or person that may have been injured or damaged. I understand that **Spartan Healthcare Staffing Services** is not responsible or liable for any person or persons in **my vehicle. I also understand that Spartan Healthcare Staffing Services** will not be liable for any injury to any person or persons or any vehicle involved with my car relating injury or damages caused my car or persons.

DO NOT SIGN UNTIL YOU HAVE READ APPLICANT STATEMENT.

I CERTIFY THAT I HAVE READ AND I FULLY UNDERSTAND AND COMPREHEND AND ACCEPT ALL THE TERMS OF THE APPLICANT STATEMENT.

Signature of Applicant _____

Date _____

