



**Michigan Surgery Specialists
And
Motus Rehabilitation**



**CORPORATE OFFICE: 11012 Thirteen Mile Road, Suite 112
Warren, Michigan 48093
(248) 423-8485; Fax: (248) 423-5179**

EMPLOYMENT APPLICATION

Today's Date: _____

Source of Referral: _____

PLEASE PRINT CLEARLY

Name: Last		First	MI
Address: Street		City	State Zip
Home Phone Number: ()		Cellular Phone Number: ()	
Have you ever applied or been employed with Michigan Surgery Specialists, P.C. and/or its affiliates? Yes No		Are you 18 years of age or older? <input type="checkbox"/>	

EMPLOYMENT HISTORY (begin with most recent employer) May we contact your present employer for a reference? Yes No

	Present Employer	Preceding Employer #1	Preceding Employer #2
Employer Name			
Address			
Telephone	()	()	()
Supervisor Name & Title			
Starting Date/Salary			
Ending Date/Salary			
Your Title and Duties			
Status	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for Leaving			

EMPLOYMENT PREFERENCES

Position applying for:	Earliest date available:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Shift: AM <input type="checkbox"/> PM <input type="checkbox"/>
Specify days & hours, if part time:			Rate of pay expected: \$ _____ Per _____

LICENSURE/CERTIFICATION

Do you possess a license, permit, certification or other authorization to practice a trade or profession?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
State	Type	Number	Date Issued	Expiration Date	

EDUCATION

Schools Attended (Name, City, State)	Major/Degree	Graduate?
High School:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Undergraduate College:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate College:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Vocational School(s) Attended:	Major	Program Completed?
Name: _____ City: _____ State _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____ City: _____ State _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
Scholastic Honors Received:		

REFERENCES: (list professional references who know the quality of your work)

Name	Relationship	Day Time Phone	Where Employed

MILITARY SERVICE RECORD:

Are you a veteran of the armed forces of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently serving in the U.S. Reserves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Area of Training	Date of Duty:

Are you legally authorized to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has there ever been any action/complaint taken against your license in any state? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony or are there any felony charges pending against you? If yes, when? _____ Nature of offense:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sanctioned (probation, excluded, suspended), been required to pay a fine or penalty, or have you ever been or are you currently under investigation by a state, federal or other regulatory authority? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>

IN CASE OF AN EMERGENCY:

Contact Name & Phone Number (Primary): _____	Relationship: _____	Contact Name & Phone Number (Secondary): _____	Relationship: _____
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PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

MICHIGAN SURGERY SPECIALISTS, P.C. DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, WEIGHT, HEIGHT, AGE, MARITAL STATUS, DISABILITY, VETERAN STATUS OR ANY OTHER PROTECTED GROUP. NO QUESTIONS ON THIS APPLICATION ARE INTENDED TO SECURE ANY SUCH INFORMATION.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR IMMEDIATE DISMISSAL IN ACCORDANCE WITH MICHIGAN SURGERY SPECIALISTS, P.C. POLICY.

I ALSO UNDERSTAND THAT MICHIGAN SURGERY SPECIALISTS, P.C. MAY CONDUCT, OR HAVE CONDUCTED BY AN INDIVIDUAL ENTITY OF ITS CHOICE, VERIFICATION OF ANY INFORMATION PERTAINING TO MY EMPLOYMENT, EDUCATION, CREDIT HISTORY AND CRIMINAL BACKGROUND HISTORY. I HEREBY CONSENT TO THIS SEARCH BEING CONDUCTED AND TO THE DISCLOSURE OF THE RESULTS OF THAT SEARCH BY THE INDIVIDUAL OR ENTITY CONDUCTING THE SEARCH TO MICHIGAN SURGERY SPECIALISTS, P.C.. I FURTHER HEREBY RELEASE THE INDIVIDUAL OR ENTITY CONDUCTING THE SEARCH, MICHIGAN SURGERY SPECIALISTS, P.C., AND ITS EMPLOYEES, BOARD OF DIRECTORS, OFFICERS, AND AGENTS, FROM ANY AND ALL LIABILITY, CLAIMS AND DAMAGES, INCLUDING BUT NOT LIMITED TO, CLAIMS FOR RELEASING OR USING ANY INFORMATION REVEALED AS A RESULT OF THIS SEARCH. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT FALSE INFORMATION PROVIDED BY ME WILL RESULT IN DISQUALIFICATION FROM EMPLOYMENT WITH MICHIGAN SURGERY SPECIALISTS, P.C. OR IN DISMISSAL FROM EMPLOYMENT IF AN OFFER OF EMPLOYMENT HAS BEEN MADE AND ACCEPTED.

I HEREBY CONSENT TO HAVING A POST-OFFER PHYSICAL AND/OR MENTAL EXAMINATION(S) AND/OR TEST(S) INCLUDING SIGNING A CONSENT FORM FOR DRUG TESTING CONDUCTED BY A PHYSICIAN OR OTHER PROFESSIONAL OF MICHIGAN SURGERY SPECIALISTS, P.C.'S CHOICE, AND UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON THE RESULTS OF THIS EXAMINATION(S) AND/OR TEST(S) TO THE SATISFACTION OF MICHIGAN SURGERY SPECIALISTS, P.C. TEST RESULTS, IF APPLICABLE, MAY BE REPORTED TO THE MICHIGAN DEPARTMENT OF COMMERCE ACCORDING TO THE HEALTH PROFESSIONAL DISCIPLINARY REFORM LEGISLATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF MICHIGAN SURGERY SPECIALISTS, P.C. I UNDERSTAND MY EMPLOYMENT IS "AT WILL" AND MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER MICHIGAN SURGERY SPECIALISTS, P.C. OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF MICHIGAN SURGERY SPECIALISTS, P.C., OTHER THAN THE PRESIDENT OF MICHIGAN SURGERY SPECIALISTS, P.C. HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING ANY AGREEMENT ALTERING THE TERMINABLE "AT WILL" NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE PRESIDENT OF MICHIGAN SURGERY SPECIALISTS, P.C.

WITH RESPECT TO STATE OF MICHIGAN PERSONS WITH DISABILITIES CIVIL RIGHT ACT, I UNDERSTAND I MUST REQUEST AN ACCOMMODATION OF MY HANDICAP BY NOTIFYING MICHIGAN SURGERY SPECIALISTS, P.C. IN WRITING OF THE NEED FOR ACCOMMODATION WITHIN 182 DAYS OF THE DATE I KNOW OR REASONABLY SHOULD KNOW THAT AN ACCOMMODATION IS NEEDED. FAILURE TO PROPERLY NOTIFY MICHIGAN SURGERY SPECIALISTS, P.C. PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE MY DISABILITY. HOWEVER, I UNDERSTAND THAT THIS DOES NOT WAIVE MY RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT OF 1990 AS AMENDED.

I AGREE NOT TO COMMENCE ANY ACTION OR SUIT RELATING TO MY EMPLOYMENT WITH MICHIGAN SURGERY SPECIALISTS, P.C. MORE THAN 180 DAYS AFTER THE DATE OF TERMINATION OF SUCH EMPLOYMENT, AND TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I AUTHORIZED THE REFERENCES AND PREVIOUS EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING ANY PREVIOUS EMPLOYMENT AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT. I SPECIFICALLY WAIVE ANY RIGHT TO BE NOTIFIED UNDER SECTION 6 (c)(a) OF THE MICHIGAN BULLARD-PLAWECKI ACT OF THE RELEASE OF PERSONNEL FILE INFORMATION BY PRIOR EMPLOYERS.

Applicant Signature	Date
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