

**WEST MICHIGAN SHARED HOSPITAL LAUNDRY**  
**EMPLOYMENT APPLICATION**

**I. Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

- If hired, can you provide proof that you are legally able to work in the United States?  
Yes\_\_\_ No\_\_\_
- Are you a minimum of 18 years of age? Yes\_\_\_ No\_\_\_
- List any relatives or friends employed by West Michigan Shared Hospital Laundry:

\_\_\_\_\_  
\_\_\_\_\_

**II. Employment**

- Position Desired: \_\_\_\_\_
- Rate of Pay Expected: \_\_\_\_\_
- What days and hours are you available for work? \_\_\_\_\_
- Are you available to work overtime if necessary? Yes \_\_\_ No \_\_\_
- When are you available to begin work? \_\_\_\_\_
- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*  
Yes\_\_\_ No\_\_\_

**III. Skills**

- Are you able to operate a personal computer?

Yes\_\_ No\_\_

If yes, what types of computer software do you have proficiency in?

\_\_\_\_\_

- Do you have any special certifications or licenses?

Yes\_\_ No\_\_

If yes, please describe: \_\_\_\_\_

- Are you bi-lingual?

Yes\_\_ No\_\_

If yes, please describe: \_\_\_\_\_

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Education**

- High School or Trade School

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?      Degree / Area of Study

Yes\_\_ No\_\_      \_\_\_\_\_

- College or University

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?      Degree / Area of Study

Yes\_\_ No\_\_      \_\_\_\_\_

## Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. Attach more on the back if pertinent and necessary

- Position Held

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Job Title : \_\_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Position Held

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Job Title : \_\_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

▪ Position Held

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Job Title : \_\_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**V. Military Service**

- Have you obtained any special skills or abilities as the result of services in the military?

Yes\_\_ No\_\_

If yes, please describe:

\_\_\_\_\_

**VI. Personal References**

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: \_\_\_\_\_

- Address: \_\_\_\_\_

- Telephone Number: (\_\_\_\_) \_\_\_\_\_

- Name of Reference #2: \_\_\_\_\_

- Address: \_\_\_\_\_

- Telephone Number: (\_\_\_\_) \_\_\_\_\_

## **APPLICANT'S STATEMENT**

1. I certify that all statements on this application for employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.
2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of West Michigan Shared Hospital Laundry, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release West Michigan Shared Hospital Laundry, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. I understand that West Michigan Shared Hospital Laundry is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the West Michigan Shared Hospital Laundry has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.
6. If I am an individual with a disability who requires an accommodation to perform the job, I must notify the Company as soon as possible of any such need for accommodation. Failure to do so will bar me from alleging that the Company (WMSHL) has not accommodated me as required by law.
7. I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or West Michigan Shared Hospital Laundry. There will be no agreement, express or implied between West Michigan Shared Hospital Laundry and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of West Michigan Shared Hospital Laundry.
8. I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above. I understand that my application will be considered pursuant to the Company's normal procedures for a period of one year.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_