



Reproductive Medicine Associates of Michigan

Application for Employment

130 Town Center Drive
Troy, Michigan 48084

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.

Position(s) applied for: Date of Application:

Type of employment desired: Full-Time Part-Time Temp Seasonal Educational/Co-Op

Name:

Address:

Street City State Zip Code
Telephone: Social Security Number:

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed by RMA of MI before? Yes No

Are you legally eligible for employment in the United States? Yes No

Date you are available for work:

Are you able to meet the attendance requirements for this position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain

Are there any criminal charges against you now pending? Yes No

(Parking or speeding violations do not require you to answer "Yes", but all other motor vehicle offenses must be disclosed. Such conviction may be relevant if job-related, but does not bar you from employment.)

Driver's License Number: State

SKILLS AND QUALIFICATIONS:

Summarize any training, skill, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying.

EMPLOYMENT HISTORY:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM:	TO:	EMPLOYER:	TELEPHONE: ()
JOB TITLE:		ADDRESS:	
IMMEDIATE SUPERVISOR AND TITLE:		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
REASON FOR LEAVING:			HOURLY RATE/SALARY: START: \$ _____ per _____ FINAL: \$ _____ per _____

FROM:	TO:	EMPLOYER:	TELEPHONE: ()
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IMMEDIATE SUPERVISOR AND TITLE:		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
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RMA OF MICHIGAN IS AN EQUAL OPPORTUNITY EMPLOYER

PUBLICATIONS:

List any publications that you have authored:

AWARDS:

List any awards that you have received for work in your specialty.

EDUCATIONAL BACKGROUND:

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	
High School			
College		Major	Degree
Other		Major	Degree

REFERENCES:

Please provide three (3) personal references that do not live with you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

By signing below, I attest that the information provided above is true and accurate. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. It is understood that the terms employer and company refer to RMA of Michigan.

I give the employer the right to investigate all references and secure additional information about me that is job related to the position I have applied for. I hereby release RMAMI from liability and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of the person's need for accommodation that would be required by the ADA.

Signature of Applicant: _____ Date: _____