



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, handicap, or other factor prohibited by law.

Date of Application ____/____/____

(PLEASE PRINT)

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other _____

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____
AREA CODE

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

Have you filed an application here before? Yes No If Yes, give date ____ / ____ / ____

Have you ever been employed here before? Yes No If Yes, give date ____ / ____ / ____

Are you employed now? Yes No If yes, may be contact your present employer? Yes No

Are you prevented from lawfully being employed in the U.S. because of a Visa/Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to work? ____ / ____ / ____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you laid off or subject to recall? Yes No Can you travel if a job requires it? Yes No

Have you been convicted of any felonies or misdemeanors (other than minor traffic offenses) at any time? Yes No

If yes, please explain _____

Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and the seriousness of the violation will be taken into account.

EDUCATION

	Name and Location of School	Years attended	Did you Graduate/receive diploma?	Major/subjects studied
High School				
College/University				
Trade/ Correspondence School				
Describe any specialized training, internship, skills, and extra-curricular activities				
Honors Received: State any additional information you feel may be helpful to us in considering your application.				

EMPLOYMENT EXPERIENCE

List **ALL** jobs in order starting with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, age, handicap or other protected status.

Employer	Telephone ()	Dates Employed From - To	Work Performed
Address			
Job Title	Supervisor	Hourly Rate/Salary Starting - Final	
Reason for Leaving			
Employer	Telephone ()	Dates Employed From - To	Work Performed
Address			
Job Title	Supervisor	Hourly Rate/Salary Starting - Final	
Reason for Leaving			
Employer	Telephone ()	Dates Employed From - To	Work Performed
Address			
Job Title	Supervisor	Hourly Rate/Salary Starting - Final	
Reason for Leaving			

EMPLOYMENT EXPERIENCE CONTINUED

Employer	Telephone ()	Dates Employed From - To	Work Performed
Address			
Job Title	Supervisor	Hourly Rate/Salary Starting - Final	
Reason for Leaving			

Please attach a separate sheet if you have been employed by any other employers not listed above.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, military or other experience.

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without accommodations? Yes No

If workplace accommodation is requested, please describe: _____

Have you ever been employed by an entity that was excluded from participation in a federal health care program, such as Medicare? Yes No

READ BEFORE SIGNING

1. In connection with your application for employment, Paragon Health P.C. may obtain one or more consumer reports concerning you. Those consumer reports may contain information relating to your education, employment, criminal and credit histories. Attached is a separate authorization you are required to sign as part of the application process.
2. I understand this application will be considered current for 90 days and that a new application must be completed for further considerations after 90 days.
3. In consideration of any employment of me by Paragon Health P.C., I agree that my employment is at the will of Paragon Health P.C., which means that Paragon Health P.C. has the right to discharge me or lay me off at any time, regardless of reason. It is expressly agreed and understood that this at will status may be changed only by an agreement in writing signed by the President of Paragon Health P.C. and addressed specifically to me.
4. I further recognize that if employed by Paragon Health P.C., I shall not commence any action or other legal proceeding relating to my employment or the termination thereof after the earlier or on the expiration of any applicable statute of limitations or one year after the termination of such employment. I agree to waive any statute of limitations to the contrary.
5. I understand that any offer of employment made by Paragon Health P.C. is contingent upon a favorable health evaluation which may include a physical examination (including drug screening) by a doctor selected by Paragon Health P.C. I hereby agree to complete a health evaluation form.
6. I have been given, read and executed the attached consumer report disclosure. I hereby authorize an investigation of my education, employment, criminal and credit histories, including related statements contained in this application, and specifically authorize Paragon Health P.C. to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to Paragon Health P.C. with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release Paragon Health P.C. from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as Paragon Health P.C. has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action take in connection with this application or any other application made simultaneously herewith, or in connection with any other form or review of my histories or qualifications. I hereby waive on behalf of Paragon Health P.C. any and all third parties any and all notice(s) I would otherwise be entitled to under Public Act 397 of 1978.
7. I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without Paragon Health P.C.'s prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, techniques and processes, sales promotions and ideas, customer lists or other confidential matters of Paragon Health P.C.
8. I understand that if I have a disability I must tell Paragon Health P.C., in writing, of my need for accommodation within 182 days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so may prevent me from alleging a violation of the accommodation requirements of the Michigan Persons With Disabilities Civil Rights Act.
9. I certify that all information submitted by me in this application, attached documents and other pre-employment forms is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment, regardless of when discovered or my length of employment at the time.

Signature of Applicant

____ / ____ / ____
Date

ARBITRATION AGREEMENT

I, the undersigned applicant for employment, agree that any dispute arising out of or in connection with my employment or separation from employment with Paragon Health P.C., shall be exclusively subject to binding arbitration under the Michigan Revised Uniform Arbitration Act, the provisions of which are incorporated herein by reference. Included in this Agreement, by way of example but not limitation, shall be all disputes concerning alleged violations of state or federal law, discrimination claims, retaliation claims, workplace harassment claims, wage or salary payment claims, breach of contract claims and tort claims other than Workers Disability Compensation claims.

I further agree that arbitration on all such claims must be demanded, if at all, in accordance with the limitations provision set forth in Paragraph 4 of Paragon Health P.C.'s Employment Application form. Once arbitration is demanded, I and Paragon will endeavor to agree upon the Arbitrator to hear and decide the underlying dispute. In the absence of agreement on an arbitrator, I and Paragon will request a list of arbitrators from any reputable source of alternative dispute resolution services, and the arbitrator shall be selected from the list(s) provided in accordance with rules of such ADR services.

The Arbitrator selected shall be empowered to grant or award any relief authorized by either the parties' contracts, if any, or state or federal laws applicable to the parties' dispute, including the applicable state or federal rules of civil procedure. Each party may be represented by and be fully responsible for fee payments to their own counsel in the arbitration, subject only to the Arbitrator's Award. The Arbitrator shall have full discretion over all procedural matters that may arise, including pre-hearing discovery. The Arbitrator's fee and all fees charged by the ADR provider shall be the responsibility of Paragon Health. Any party desiring a transcript of the arbitration proceeding shall be responsible for paying the court or other recorder retained to make the transcript, absent the parties' mutual agreement to the contrary.

The decision and award of the Arbitrator shall be final and binding on both parties, and judgment thereon may be entered in any court of competent jurisdiction.

Applicant Date

Paragon Health, P.C. Date