



Welcome to Emmanuel Hospice

Please follow these step by step
directions to submit your application:

Step 1:

Print the application document.

Step 2:

Fill out the entire application form.

Step 3:

Scan your application as a
PDF and submit via email to:
recruiting@stannshome.com

OR

Mail or drop off your application to:

Matt Schipper
St. Ann's Home
2161 Leonard Street NW
Grand Rapids, MI 49504

Application of Employment

It is the policy of Emmanuel Hospice to offer equal opportunity to all based upon individual merit and without regard to race, color, national origin, religion, sex, age, marital status, height, weight, or non-disqualifying disability. I understand that under Michigan Law, if I am disabled and need an accommodation, I must notify Emmanuel Hospice in writing within 182 days after I knew or reasonably should have known of the need for accommodation. Failure to timely request accommodation may result in loss of legal rights under Michigan law. Emmanuel Hospice encourages applications by qualified individuals with disabilities and does not discriminate in its consideration of such applicants.

Note: Please print your answers in blue or black ink and write neatly. An illegible application may preclude you from consideration.

Position Applying For: _____ Date: _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street and Apt. #: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes No

If applicable, please list your visa type, visa # and expiration: _____

Are you 18 years or older? Yes No

Have you been previously employed by Emmanuel Hospice, St. Ann's, Porter Hills or Sunset? Yes No

If yes where? _____ Date of Last Employment: _____

List any friends or relatives working here: _____

Have you ever been convicted of a crime? Yes No

If you answered yes, please explain: _____



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Position Information

How did you hear about this job? _____

What shift are you willing to work? _____

Would you be able to work weekends? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

License Information

If applying for CNA position, do you have Michigan Certification? Yes No

If not, have you taken the CNA classes and are eligible to test? Yes No

If applying for RN/LPN/CNA position, please provide license number and state issued in: _____

Employment History

Present or Most Recent Employer

Employer: _____

Phone: _____ Your Position: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

May we contact? Yes No

Reasons for Leaving: _____

Employment History Continued

Prior Employer #2

Employer: _____

Phone: _____ Your Position: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

May we contact? Yes No

Reasons for Leaving: _____

Prior Employer #3

Employer: _____

Phone: _____ Your Position: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____
Name Title

May we contact? Yes No

Reasons for Leaving: _____



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Education

High School

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational or CNA School

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree: _____ Major: _____

Special honors or awards: _____

Other Education

Name and Address: _____

Did you graduate? Yes No Attended from: _____ to _____

Degree: _____ Major: _____

Special honors or awards: _____

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from: _____ to _____

Special honors or awards: _____



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References (Please provide two professional references)

Name: _____ Phone: _____

How long have you known this person: _____ Relationship to this person: _____

Name: _____ Phone: _____

How long have you known this person: _____ Relationship to this person: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. I understand that any offer of employment made by Emmanuel Hospice is also expressively conditioned upon Emmanuel Hospice investigation of my background in order to verify information contained in this application, including obtaining information from any former employers, schools and law enforcement agencies. I understand that if Emmanuel Hospice is not able to verify information contained in this application to its satisfaction, or if Emmanuel Hospice obtains information that leads to Emmanuel Hospice to conclude, in its discretion, that I should not be employed, Emmanuel Hospice may rescind any job offer or terminate my employment.

Furthermore I understand that if I am hired, employment with Emmanuel Hospice is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

I understand that Emmanuel Hospice is a smoke-free environment, and that employees, visitors, and residents may not smoke anywhere on Emmanuel Hospice property, including buildings, grounds and parking areas.

If I am applying for a position that requires a license, registration, and/or certification, I understand that any offer of employment made by Emmanuel Hospice is expressly conditioned upon my providing proof satisfactory to Emmanuel Hospice that I have a current license, registration and/or certification of the kind required and Emmanuel Hospice's further verification of this information. I understand that if Emmanuel Hospice is not able to verify my license, registration, and/or certification to its satisfaction, Emmanuel Hospice may rescind any job offer or terminate my employment.

I understand that any offer of employment made by Emmanuel Hospice is also expressly conditioned upon my submission to a drug test. If I refuse to consent to or cooperate in the conduct of such a test, or I test positive for a controlled substance, I understand that Emmanuel Hospice may rescind any job offer or terminate my employment.

I agree to submit to physical examination permitted by law before and during my employment, at the request and expense of Emmanuel Hospice, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of Emmanuel Hospice, I will cooperate in such lawful medical tests (including blood, urine or other testing) as Emmanuel Hospice requests to check for drugs or alcohol in my system. I waive any claims against Emmanuel Hospice or its agents or any testing agency retained by Emmanuel Hospice or its agents relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

Signature: _____ Printed Name: _____ Date: _____