

Full Name _____
Last First M.I.

Maiden Name/Other _____
(or other names used)

Address _____ State _____ Zip _____

Previous Address _____ State _____ Zip _____
(if at first address less than seven years)

Date of Birth _____ Social Security Number _____

Driver's License Number _____

Race/Ethnicity
(Check one box)

Female		Male	
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	White	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Two or More Races	<input type="checkbox"/>	Two or More Races

I understand that a criminal conviction history check will be conducted as a condition of employment, volunteering, or student clinical placement or internship and may be conducted at any time during my employment. I hereby consent to having Mary Free Bed Rehabilitation Hospital conduct a criminal history check and understand that information obtained will be handled in a confidential manner. Any false answers or statements, or misrepresentations by omission made by me will be sufficient cause for rejection of my employment application, student clinical placement or internship or result in my immediate discharge from employment should such falsifications or misrepresentations be discovered after my employment, student clinical placement or internship.

Signature _____ Date _____

Please return criminal history background check to:

Human Resources
Mary Free Bed Rehabilitation Hospital
235 Wealthy Street SE
Grand Rapids, MI 49503
Phone: 616-242-0303 Fax: 616-242-0302

Requested by	Bonita Pawloski (print name)
Department	Education/Quality
Phone/Ext	6168408292/ 58292
Date	_____