



## FLINT HEALTHCARE EMPLOYMENT OPPORTUNITIES (FHEO) PROGRAM APPLICATION

**This application will only be accepted if submitted with a copy of your Driver's License, a current and up-to-date copy of your resume, and a copy of your high school diploma or transcripts**

### PERSONAL DATA

*Please Print or Type*

Date of application: \_\_\_\_\_

Legal Name: Last		First	Middle	
Other names used in the past for work or school				
Are you 18 years of age or older?		Yes	No	
Current Address: Street		City	State	Zip Code
Alternate Address (if applicable): Street City State Zip Code				
Home Phone Number:		Cell Phone/Alternate Phone Number:		Email Address:
( )		( )		
Alternate Contact Person/Emergency Contact Person Name:				
Contact Person Home Phone Number:		Contact Person Cell Phone/Alternate Phone Number:		Contact Person Email Address:

### HEALTHCARE CAREER INTERESTS

What healthcare career(s) are you most interesting in pursuing?		
1.	2.	3.
Have you previously completed Nurse Aide Training?		Yes ___ No ___
Are you currently certified as a Nurse Aide?		Yes ___ No ___
Are you currently certified in any other healthcare profession?		Yes ___ No ___ If yes, please list:

### EDUCATION & TRAINING

What is the highest level of education you have completed? (Circle One)					
High School	GED	Some College	Certificate	2-year degree	4-year degree
	Name of School(s)	Did You Graduate? (Highest School Year Completed)	Course of Study	GPA	Diploma, GED, Certificate, Credits or Degree Earned
High School		Yes ___ No ___ 9 10 11 12			
Vocational, Technical, College or Business School #1		Yes ___ No ___ 13 14 15 16 Currently Enrolled ___			
Vocational, Technical, College or Business School #2 (if applicable)		Yes ___ No ___ 13 14 15 16 Currently Enrolled ___			

Are you an FHEO Program Graduate?	Yes    No
How did you hear about the FHEO Program?	

## CURRENT EMPLOYMENT STATUS

Are You Currently Employed? (Please circle all that apply):	Yes    No    Part Time    Full Time    Seasonal
If not employed, please place your most recent employment under "Employment History"	
Name of Employer:	
Employer Address:	Street    City    State    Zip Code
How long have you been with your current employer?	When did you start this position?    Month:    Year:
Current Title:	
Current Salary/Wages	\$ _____ per hour    Benefits Received?:    Yes    No
At what pay rate did you start?	\$ _____ per hour
How many hours do you work a week?	
Name and Title of Immediate Supervisor	Phone Number    May we contact your supervisor?
Key responsibilities of this position	

## EMPLOYMENT HISTORY

List your last two job experiences prior to your current employment with most recent first.

Previous Job Title	Dates
	From:    To:
Employer	Type of Business
	Hourly Pay
	Start:\$    End:\$
Street    City    State    Zip Code	May we contact your supervisor?
Name and Title of Immediate Supervisor	Phone Number
Key responsibilities of this position	
Reason for Leaving	

Previous Job Title	Dates
	From:    To:
Employer	Type of Business
	Hourly
	Start:\$    End:\$
Street    City    State    Zip Code	May we contact your supervisor?
Name and Title of Immediate Supervisor	Phone Number
Key responsibilities of this position	
Reason for Leaving	

List any other pertinent education, training, courses, certifications, licenses, scholastic honors, awards or publications.

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## SUPPLEMENTAL INFORMATION – LEGAL HISTORY

Have you been convicted of any felonies? If yes, when, where, and what is the nature of the felony?	
Yes	No
Are there any felony charges pending? If yes, what is the nature of the felony?	Yes      No

## SUPPLEMENTAL INFORMATION

Have you ever registered for the Workforce Investment Act?	Yes	No	If yes, please note date:
Have you been designated as a Dislocated Worker by a Michigan Works! Service Provider?	Yes	No	
Is your combined family income less than \$40,000 per year?	Yes	No	
In 2-3 sentences, please explain why you should be selected to participate in the FHEO Program:			

## REFERENCES

Name #1	Yrs. Of Acquaintance	Personal or Professional Relationship
Title	Company	Phone Number
Name #2	Yrs. Of Acquaintance	Personal or Professional Relationship
Title	Company	Phone Number

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ (PRINT NAME) understand that participation with the Flint Healthcare Employment Opportunities (FHEO) Program is an opportunity for me to potentially advance in a healthcare career. I further understand that the information provided to the FHEO Program is strictly confidential and will only be shared with the project partners on an as-needed basis. This applicant information is being requested to assist the partners in determining if I am ready to make a commitment to participate in a structured training program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_ (PRINT NAME) understand that in order to qualify for the Flint Healthcare Employment Opportunities (FHEO) Program, I must be willing to commit to a criminal background check for prior felony or abuse/assault related convictions and a drug screening.

\_\_\_\_\_  
Full Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number      State Issued

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## SIGNATURE

I hereby certify that the information provided by me concerning my application for the Flint Healthcare Employment Opportunities (FHEO) Program (and accompanying documents) is true, accurate, and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS WILL  
NOT BE ACCEPTED**

**PLEASE MAIL OR HAND-DELIVER YOUR  
COMPLETED APPLICATION ALONG WITH  
A COPY OF YOUR DRIVER'S LICENSE,  
CURRENT RESUME, AND A COPY OF  
YOUR HIGH SCHOOL DIPLOMA OR  
TRANSCRIPTS**

**TO:**

**GREATER FLINT HEALTH  
COALITION  
519 S. SAGINAW STREET  
SUITE 306  
FLINT, MICHIGAN 48502  
(810) 232-2228**

Our building is next to the Mott Foundation Building in Downtown Flint on the corner of First Street and Saginaw Street. The Mott Foundation Building has a large, red Bank of America sign. Parking is available on the street or in the flat lot across the street. Go to the Security Desk in the Main Lobby of the Mott Foundation Building and asked for the Greater Flint Health Coalition. Our offices are located on the Third Floor of the Commerce Center.