



GREATER LANSING

CONTRACTED STAFF/STUDENTS

ACKNOWLEDGEMENT OF CONDITIONS OF ASSOCIATION AND IMPORTANT CONTACT INFORMATION

McLaren Health Care Subsidiaries:

- | | |
|-------------------------------|-----------------------------------|
| - McLaren-Bay Region | - McLaren Medical Group |
| - McLaren-Bay Special Care | - McLaren Health Care Corporation |
| - McLaren-Central Michigan | - McLaren Cancer Institute |
| - McLaren-Flint | - McLaren-Clarkston |
| - McLaren-Greater Lansing | - McLaren Health Advantage |
| - McLaren-Lapeer Region | - McLaren Health Plan |
| - McLaren-Macomb | - McLaren Physician Hospital |
| - McLaren-Northern Michigan | - Organization (MPHO) |
| - McLaren-Oakland | - McLaren Proton Therapy Center |
| - McLaren Orthopedic Hospital | - McLaren Homecare Group |
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Do you now or have you ever worked/volunteered for any McLaren Health Care Corporation subsidiaries?

Yes No

If yes, please list dates of employment/volunteering, subsidiary, and name under which employed/volunteered:

Have you ever been convicted of a felony?

Yes No

If yes, state the charge, date and disposition:

Have you ever been discharged from any employment?

Yes No

Have you ever had a professional license denied, revoked, suspended, limited, or sanctioned?

Yes No



I authorize the release of any information required to determine my qualifications from past and present employers, police departments, courts, driving records, etc.

Read & Initial _____

I hereby release them, their employees and McLaren—Greater Lansing from all liability for any damage whatsoever for providing or obtaining this information.

Read & Initial _____

Contact Information

Name: _____		DOB (MM/DD/YR): _____	
Social Security Number: _____		Home Phone: _____	
Address: _____			
Street: _____	City: _____	State: _____	Zip Code: _____
Email address: _____			
In case of emergency please call (Name): _____			
Home Phone Number: _____		Work Phone Number: _____	

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AS DESCRIBED ABOVE AND THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLDEGE.

Name _____
Signature

Date _____