



## Appointment Packet

**UMHS Pre-Employment Program**

*Human Resources Department • North Campus Administrative Complex (NCAC)*

*2901 Hubbard St. Suite 1111 • Ann Arbor, MI 48109-2345*

*Phone: 734-936-8790 • Fax: 734-615-2397*

*E-mail: [umhs-hr-pep@med.umich.edu](mailto:umhs-hr-pep@med.umich.edu)*

*Project Manager: Matthew D. Woods*



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UMHS HR Department  
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Ann Arbor, MI 48109  
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F: 734-615-2397  
umhs-hr-pep@med.umich.edu



## INFORMATION AND INSTRUCTIONS

### Questions

Call the PEP office at 734.936.8790 or e-mail the PEP staff at: [umhs-hr-pep@med.umich.edu](mailto:umhs-hr-pep@med.umich.edu)

### Directions

[www.med.umich.edu/umhshr/about/find.html](http://www.med.umich.edu/umhshr/about/find.html)

### Parking

Upon entering the drive, clearly marked, free two-hour parking spaces are located to the left side parking lot. Overflow metered parking spaces are located to the right. Parking in any other spaces, without a proper permit, could result in a parking violation for which U of M is not responsible. Should your appointment extend beyond the visitor two-hour limit, you will be provided a complimentary parking pass.

### Appointment Check-In

As you enter the building and reach the atrium lobby, Human Resources Reception will be located to your right. At check in, be prepared to supply the Authorization for Background Check form. After check-in, if you've been waiting ten minutes past your appointment time, contact a Human Resource Representative for assistance.

### Authorization for Background Check

Please fill out all sections clearly and bring this document with you. Having a criminal background does not automatically disqualify an applicant from further consideration. Each applicant is evaluated individually based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient work record has been established and the position for which the applicant is applying.

### Reference Authorization

We pursue professional (non-relative) employment reference contacts from your two (2) most recent employers. Should you wish that we not contact your current employer, you may use your next most recent employer. We may require additional employment references on an as-needed basis.

Please complete only sections I, II and III – leave section IV blank. Bring these documents along with you. If you were previously asked by a PEP Representative to complete these forms, you need not complete them again.

### Training and Development

Compliments of Manpower, free online computer training is available to every applicant. If you're interested, simply complete the registration and bring it with you.



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# AUTHORIZATION FOR BACKGROUND CHECK

I, the undersigned, authorize the University of Michigan through the department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any other agency, to conduct a criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the University of Michigan.

**Fill out completely - type or print clearly using black ink.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Race: \_\_\_\_\_ Gender (Male/Female): \_\_\_\_\_

Month of Birth: \_\_\_\_\_ Day of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Michigan Driver's License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# REFERENCE AUTHORIZATION

**SECTION I: to be completed by Applicant. (please print clearly)**

- 1. Applicant Name: \_\_\_\_\_ 4. City/Zip: \_\_\_\_\_
- 2. SSN#: \_\_\_\_\_ 5. Phone: (\_\_\_\_\_) \_\_\_\_\_
- 3. Address: \_\_\_\_\_ 6. Date: \_\_\_\_\_

**SECTION II: to be completed by Applicant. (please print clearly)**

- 1. Organization Name: \_\_\_\_\_ 4. Supervisor Name: \_\_\_\_\_
- 2. Employment Dates: \_\_\_\_\_ 5. Supervisor Title: \_\_\_\_\_
- 3. Job Title(s): \_\_\_\_\_ 6. Business Phone: (\_\_\_\_\_) \_\_\_\_\_

**SECTION III: Applicant Authorization.**

By signing below, I hereby release to The University of Michigan Health System Human Resources, information regarding my work record and any evaluations I received during the dates of my employment at the above listed organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: OFFICE USE ONLY (to be completed by Supervisor or UMHS HR Representative)**

	very good	good	average	poor	n/a
1. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Reason for leaving: \_\_\_\_\_

8. Are the above employment dates and job title accurate? (circle one)      Yes      No\*

9. Ending salary: \_\_\_\_\_ 10. Average hours worked each week? \_\_\_\_\_

11. Would you rehire? (circle one)      Yes      No\*      Maybe\*      N/A

12. Comments/\*please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Signature/Title/Date: \_\_\_\_\_



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## TRAINING AND DEVELOPMENT CENTER (TDC)

Are you interested in improving your skills and marketability at a time that is convenient for you, at your own pace, in the comfort of your home...and without spending a penny?

If so, this training is definitely for you!

Courtesy of Manpower, Inc. and TDC, the Pre-Employment Program (PEP) can register you for over 4000 free on-line computer training courses designed for you to learn, among many other topics, today's most popular software programs widely in use at UMHS. Some of the basic training courses include, but are not limited to: Word, Excel, PowerPoint, Access, Technical I/T programming products in addition to college-level business courses.

Upon registration, you will receive a confirmation E-mail from: [umhs-hr-pep@med.umich.edu](mailto:umhs-hr-pep@med.umich.edu). This important E-mail will provide you with log-in information along with step-by-step instructions regarding how to access and begin the TDC training.

**Please note:** Electronic E-mail filters may consider this message to be spam or junk mail and could possibly redirect the message to your trash. If you have such filters, we suggest adding the above-listed address to your address book. We wouldn't want you to miss out on this great training opportunity!



### TDC REGISTRATION FORM (please print clearly)

- New User
- Reactivation/Extension

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Trainee Name (print): \_\_\_\_\_ Trainee Signature: \_\_\_\_\_