

FAMILY HOME HEALTH CARE SERVICES MI, LLC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Can you perform the duties of the job in which you wish to be employed, with or without accommodations?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If yes for any of the following please explain on separate page.</i>									
Have you ever been convicted of a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you on court probation or parole?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony or have felony charges pending against you?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been administratively determined by a federal, state or local agency to have committed abuse or neglect?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION									
High School			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
From		To			Address				
College			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
From		To			Address				
Other			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
From		To			Address				
REFERENCES: PLEASE LIST THREE NON RELATED PERSONAL REFERENCES									
Full Name									
Company						Phone		()	
Address						Relationship			
Full Name									
Company						Phone		()	
Address						Relationship			
Full Name									
Company						Phone		()	
Address						Relationship			

PREVIOUS EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MILITARY SERVICE					
Branch			From	To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
In consideration of my employment, I agree to conform to the rules and regulations of Family Home Health Care Services MI, LLC., and my employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Family Home Health Care Services MI LLC., or myself.					
This application will be kept for 6 months. You need to complete another application to be reconsidered for employment after this date.					
Signature				Date	

Family Home Health Care Services MI, LLC

1933 Churchill Blvd. ♦ Mt. Pleasant, Michigan 48858
Corporate Office: 989-773-5546 ♦ Data FAX: 877-447-0113

RELEASE / DISCLOSURE FOR EMPLOYMENT PURPOSES BACKGROUND AND REFERENCE INVESTIGATION AUTHORIZATION

As part of its due diligence procedures, Family Home Health Care Services MI, LLC., hereby referred to in this document as FHHCSMI, LLC. requires that a background investigation and a check of references be conducted for employment. The objectives of the investigation is to verify information provided during the application process, investigate references, and identify any factors that might be inconsistent with FHHCSMI, LLC. employment requirements.

I, _____, give Family Home Health Care Services MI, LLC. permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, motor vehicle driving record, social security wage information, criminal records, and other information contained in public records. In addition, I authorize and request Former Employers, Schools, Police Departments, States, Cities and Counties or any other Person to furnish Family Home Health Care Services MI, LLC. designees information concerning:

My Work Habits	Character	Criminal Record	Reason for Termination
Reputation	Driving Record	Salary History	Education History
Mental Health	Transcripts	Military Records & Reports	

And all other relevant information requested by FHHCSMI, LLC. including all information of confidential or privileged information and provide copies of the same if requested.

I hereby release and hold harmless all Persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing FHHCSMI, LLC. with such information as requested. All released information shall become the property of the FHHCSMI, LLC. All such information obtained will not be further released to anyone other than the FHHCSMI, LLC. and agents of the same, and all efforts will be directed at maintaining the confidentiality of the information received.

I understand that if hired, I am an at will employee and my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either FHHCSMI, LLC. or myself. No employee representative, manager, official or supervisor of FHHCSMI, LLC. has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing.

Applicant's Name

Social Security Number

Current Street Address

City, State and Zip Code

Driver's License Number

Date of Birth

Signature

Date

A COPY OR FAX OF THIS RELEASE MAY ACT AS AN ORIGINAL