

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 arrested, charged or convicted of a crime? Explain: | | | 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 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

Corporate Office 1933 Churchill Blvd. ♦ Mt. Pleasant, Michigan 48858
Branch Office: 104 W. Main St. Owosso, MI 48867
Main Office: 989-773-5546 ♦ Toll Free: 800-397-0398 ♦ 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

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To: _____

Fax: _____ Phone: _____

Reference Check Request Form

(Release Page Following)

Date: _____

Reference Check For: (Employee Name) _____

Company Name: (Company you worked for) _____

Company Address: _____

City: _____ State: _____ Zip: _____

Your Supervisors Name: _____

Dates of Employment: From: _____ To: _____

-----Below Is For Past Employer Use Only -----

Dates of Employment are: From: _____ To: _____

Are you at liberty to answer any of the following questions? Yes No Comment:

What was the nature of the applicants work with you?

Did the applicant get along with co-workers? Yes No Comment:

Did the applicant get along with supervisors? Yes No Comment:

Did you consider the applicant reliable? Yes No Comment:

How was the applicants' attendance? Good Fair Poor Comment:

Would you rehire the applicant? Yes No With Supervision Comment:

Please Fax completed form to: 1-877-447-0113

Or Mail to:

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1933 Churchill Blvd. Mt. Pleasant, MI

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