

APPLICATION FOR EMPLOYMENT

Resume Attached? Yes or No

____/____/____
Date of Application

____/____/____
Date Available for Hire

Social Security Number

ABOUT YOU

First Name

Middle Name

Last Name

Drivers License Number

Alias or Past Names: (Please include maiden name if applicable.)

First Name

Middle Name

Last Name

Current Residence

Address

Phone

City

Daytime Phone

State

Zip Code

Is it ok to call you at work? Yes or No

Past Residence

____/____/____ to ____/____/____

Address/City/State/Zip Code

Are You:

Yes No

Over 18 Years Old?

A previous applicant?

A previous employee?

Legally able to work in the U.S.?

Able to make it to work using a

Reliable means of transportation?

Have You:

Ever been convicted of a crime other than a traffic violation? Yes No

If Yes, please describe and include type of crime and date of conviction:

U.S. Military Service:

Branch: _____ Rank at Discharge: _____ Dates of Service ____/____/____ to ____/____/____

Duties: _____ Honorable Discharge? Yes No

How Did You Find Us?

Advertisement

Name of Publication: _____

Referral from employee

Employee Name: _____

Employment Agency

Name of Agency: _____

Other

List: _____

Your Work Experience

_____/_____/_____ to ____/____/_____
Present/Last Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

_____/_____/_____ to ____/____/_____
Previous Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason for Leaving

_____/_____/_____ to ____/____/_____
Previous Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason for Leaving

Please list any professional information (certificates, licenses, diplomas), awards, honors, and achievements, or additional qualifications here:

Your Education and Training:

| Education Type | School Name & Location | Dates of Attendance | Name and Date of Degree Earned | Fields of Study |
|--------------------------|------------------------|---------------------|--------------------------------|-----------------|
| High School | | | | |
| Business or Tech School | | | | |
| College | | | | |
| Other School or Training | | | | |

APPLICANT'S CERTIFICATION, AUTHORIZATION, WAIVER AND ACKNOWLEDGMENT

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that any falsification or misrepresentation contained in this application or made by me during the pre-hire process will be sufficient reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Company if employed. I authorize the Company to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of the Company's choice, and to contact my current and any of my former employers and I give such employers the right to release to the Company all records of my employment (excluding medical records) including assessment of my job performance and ability. I further authorize the Company and release the Company from any and all liability relating to forwarding any information concerning me and/or my qualifications as the Company has at the time of my application for employment or hereafter acquires to any other entity to which I may apply for employment. I understand that the Company may require a motor vehicle record report and authorize the Company to obtain said report. I understand that the Company reserves the right to require that an offer of employment is conditional upon the results of a medical examination including but not limited to any drug screening tests. I understand that the Company reserves the right to require drug screening tests at any time during employment. If employed, I understand that if I need an accommodation for a disability under the Persons With Disabilities Civil Rights Act (Act), I must notify the Company in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation and my failure to provide that notice will prevent me from claiming that the Company failed to accommodate my disability under the Act. This requirement does not waive my rights under the Americans With Disabilities Act. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate the Company. This application is current for ninety (90) day. At the conclusion of this time if I have not been employed by the Company and still wish to be considered for employment, it will be necessary for me to complete a new application. Further, I understand and agree that if I am hired by the Company, unless specifically set forth in writing to the contrary and signed by the President of the Company and myself, my employment will be for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of the Company or myself without any previous notice. In consideration of the Company's review of my application, I agree that any claim or lawsuit arising out of my employment with the Company, or my application for employment with the Company, must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit, unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless state, federal or local law prohibits such waiver. I further agree that if I should bring any non-statutory action or claim arising out of my employment or potential employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorney fees. In consideration of the Company's review of my application, I also agree to hold in the strictest confidence and will not disclose directly or indirectly to any unauthorized persons without the Company's prior written permission any confidential information of the Company, including, but not limited to trade secrets, sales promotions and ideas, customer lists or any other confidential property of the Company.

HARBOR HEALTH HOME CARE

MARINE CITY, MI 48039

810-765-7144

APPLICANT SIGNATURE

DATE
