

Equal Opportunity Employer. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify an employer representative

Integrity
Home Health Care
of Northern Michigan

811 W. Front St.
Traverse City, MI 49684
Telephone:
231.946.3000
Fax: 231.946.3611

Application for Employment

Application Date:	Position Applying For : Part-time _____ Full-time _____	Starting Date:
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What days and times are you available:

Last Name First Middle

Current Street Address City State Zip

Telephone # Cell/Other Phone # E-mail Address

Are you at least 18 years old? Yes _____ No _____

Are you lawfully entitled to work in the United States?

Yes _____ No _____

Have you ever been convicted of a crime other than a minor traffic accident? Yes _____ No _____ If yes, please

list citation, date, and place offense occurred: _____

Do you have any felony charges pending?

Yes _____ No _____ If yes, please explain: _____

Are you willing to have a background check done?

Yes _____ No _____

As part of your job description you may need to transport clients. Do you have your own transportation?

Yes _____ No _____

Driver's License Number: _____

Has your driver's license ever been revoked or suspended?

Yes _____ No _____ If yes, please explain: _____

Have you submitted an application her before?

Yes _____ No _____ If yes, please give date (s) and position applied for: _____

Have you ever been employed here before?

Yes _____ No _____ If yes, give dates and reason for leaving: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes _____

No _____ If yes, please explain: _____

After reading the job description for the position for which you are applying, are you able to perform the duties as listed (with or without reasonable accommodation) Yes _____ No _____ (Not designed to elicit information regarding an applicants disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Employment History (List below your last three employers, beginning with the most recent)

Employer	Telephone #	Dates Employed (month/year)
Street Address	City	State
Job Title	Immediate Supervisor	Final Wage/Salary _____
Why did you leave		May we contact for reference? Yes _____ No _____

Summarize the type of work performed and job responsibilities

What did you like most about your position

What did you like least about your position

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Street Address	City	State
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Summarize the type of work performed and job responsibilities

What did you like most about your position

What did you like least about your position

What life skills or experiences make you well suited to this position? _____

What certification do you have which are applicable to the position you are seeking? _____

Educational Background

High School Name and Location (City, State)	Did You Graduate: Yes_____ No_____	Years Completed: Diploma:
College Name (City, State)	Did You Graduate: Yes_____ No_____	Years Completed: Major/Minor:
Other School Name (City, State)	Did You Graduate: Yes_____ No_____	Years Completed: Major/Minor:

References (List names and telephone numbers of three reference who are not related to you and are not previous supervisors.)

Name	Title	Relationship to you	Telephone	# of yrs known

I certify that all the information on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact on the application will be considered an act of dishonesty and will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered.

I hereby authorize my current and former employers, without written notice to me, to release any information contained in my personnel file or otherwise known by them to Integrity Individual Care, PC. I specifically release from liability any current or former employer, its agents, representatives, employees, officers or directors for giving such information to Integrity Individual Care, PC.

I understand and agree that if hired, my employment and compensation are for no definite period and may be terminated at any time by me or Integrity, with or without cause, and without any previous notice unless required by the Integrity Home Health Care Handbook. I also understand and agree that Integrity has the right to unilaterally modify and/or terminate any policies, practices, or procedures that it has adopted or implemented, to the extent not limited by law. I understand that any prior representations, promises, contracts to statements made by or on behalf of Integrity are expressly superseded by the foregoing and no employee or representative of Integrity has the authority to make any representations or agreements to the contrary, unless that agreement is in writing and signed by the owner of Integrity.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read and fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____