

EMPLOYMENT APPLICATION
Health Care Associates & Community Care Givers
3101 Prairie St. S.W., Grandville, Michigan 49418

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of the form.

If more space is needed to complete any question, use "Comments" section at the bottom of this page.

Name: _____
Today's Date: _____ Any Previous Name(s): _____
Social Security Number: _____
Home Phone#: _____ Alternate Phone #: _____
Current Address: _____
Email Address: _____
How did you hear about us? /Referred by (Please be specific): _____
Are you a citizen of the U.S.? ☐ Yes ☐ No
Are you 18 years of age or older? ☐ Yes ☐ No

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Position and Shifts

For which position are you applying? _____ Shift preference:
☐ Full Time ☐ Holidays
☐ Part Time ☐ Weekends
☐ Temporary
☐ Hours Available _____

Requirements

Valid Driver's license/State ID ☐ Yes ☐ No
Photocopy provided ☐ Yes ☐ No
Do you have your own transportation? ☐ Yes ☐ No
Have you been given a job description? ☐ Yes ☐ No
Are you able to perform the requirements of the job based on job description given? ☐ Yes ☐ No

Security

☐ Yes, ☐ No Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.
☐ Yes, ☐ No Have you been convicted of, or served time for a felony? If so, please describe below, (In accordance with company policy this information will be reviewed for job relatedness) and time since last conviction.

INCIDENT	CITY/STATE	CHARGE
1. _____		
2. _____		

Comments: _____

Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

For employers outside the U.S., a current fax number is mandatory.

MOST RECENT EMPLOYER: Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact them? ☐ Yes ☐ No				
Company Name	City	State	Phone	Fax
From: _____ To: _____ (Dates Employed)	Job Title: _____	Supervisor Name: _____		
Duties				
Salary/Wage		Reason for leaving		
Second Most Recent Employer:				
Company Name	City	State	Phone	Fax
From: _____ To: _____ (Dates Employed)	Job Title: _____	Supervisor Name: _____		
Duties				
Salary/Wage		Reason for leaving		
Third Most Recent Employer:				
Company Name	City	State	Phone	Fax
From: _____ To: _____ (Dates Employed)	Job Title: _____	Supervisor Name: _____		
Duties				
Salary/Wage		Reason for leaving		
References Include only individuals familiar with your work ability. Do not include relatives.				
Name	Address	Phone#	Years Known/Relationship	
EDUCATION , please circle highest grade completed. 9 10 11 12 13 14 15 16 16+ Please enter name your school records are under. _____				
High School	City	Diploma Received		
College				
Other				
CERTIFICATION. I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release and said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.				