



EMPLOYMENT APPLICATION

14100 Newburgh Rd • Livonia MI 48154 • 734-464-7810 • Fax (734) 779-6689

Angela Hospice Home Care, Inc. is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, national origin, age, height, weight, marital or family status, handicap, disability or military service in accordance with state and federal law.

PERSONAL INFORMATION

Legal Last Name		Legal First Name		M.I.
A.K.A. (any former names)				
Present Address (Apt #, Building #, Etc.)				
City			State	Zip
Social Security Number		Professional License/Certification Number		License Expiration Date
Home Telephone Number -- Is this a Preferred Number <input type="checkbox"/> Yes			Cell Phone Number -- Is this a Preferred Number <input type="checkbox"/> Yes	
Were you Previously Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When?		List Any Friends or Relatives That Work Here:
Position Desired		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Indicate Hours, Days Desired) <input type="checkbox"/> Contingent		Salary Desired
Desired Start Date		Are You Willing to Work Over Time as Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Willing to Work Weekends as Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (LIST CURRENT OR MOST RECENT JOB FIRST)

Company Name (<u>of most recent job</u>)		Company Address		
City		State/Zip	Company Telephone Number	
Date Worked (From - To)		Supervisor's Name		Job Title/Responsibilities
Salary		Reason For Leaving		
Company Name		Company Address		
City		State/Zip	Company Telephone Number	
Date Worked (From - To)		Supervisor's Name		Job Title/Responsibilities
Salary		Reason For Leaving		
Company Name		Company Address		
City		State/Zip	Company Telephone Number	
Date Worked (From - To)		Supervisor's Name		Job Title/Responsibilities
Salary		Reason For Leaving		

EDUCATION HISTORY

High School Name & Location	# of Years	Did you Graduate?	Subjects Studied/Diploma or Degree Received
College Name & Location	# of Years	Did you Graduate?	Subjects Studied/Diploma or Degree Received
Other School Name & Location	# of Years	Did you Graduate?	Subjects Studied/Diploma or Degree Received

MILITARY

Are you a Veteran? Yes No

Duty and/or Specialized Training

FEDERAL INFORMATION

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state nature of offense (when, where and disposition).	

IN CASE OF EMERGENCY

Emergency Contact Name	Emergency Contact Telephone Number #1	Emergency Contact Telephone Number #2
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PROVIDE 2 PROFESSIONAL REFERENCES AND 1 PERSONAL REFERENCE.

Name & Occupation	# of Years Acquainted
Address (include City, State and Zip)	Telephone Number

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AUTHORIZATION AND UNDERSTANDING (PLEASE READ CAREFULLY AND SIGN BELOW)

RELEASE OF PRIOR PERSONNEL RECORDS

By signing this application, I agree that all of the information now or later given by me in support of my application for employment, is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals organizations, or governmental agencies my permission to release any information that you need including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information requested or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

AT-WILL EMPLOYMENT STATUS

I agree that either party may terminate the employment relationship, with or without cause at any time, for any reason, and I further agree that this arrangement may only be changed by the President of the company, in writing, directed to me personally, and signed by the President. I agree that I shall be bound by other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changes and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing by the President or her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

HANDICAP ACCOMMODATION REQUEST

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying the Company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the handicapper.

LIMITATION ON TIME FOR EMPLOYMENT COMPLAINTS

I agree that any action or lawsuit against the Company arising out of my employment or termination of employment, including, but not limited to claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Print Name	
Signature	Date
Any Prior Names	