

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in Comfort Care Home Care and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a mental condition or handicap, height, weight, or any other protected status.

PERSONAL

Date: _____

Name: _____
(Last) (First) (Middle)

Other Names/ Maiden Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____
(Street)

(City) (State) (Zip)

Previous Address: _____
(Street)

(City) (State) (Zip)

Telephone: _____
(Home) (Cell)

E-mail Address: _____

Are you a U.S. Citizen? Yes No

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here: _____

What method of transportation will you use to come to work? _____

Highest Education level completed: _____

Other special training/ skills- Certificates, licenses, CPR, ETC: _____

EMPLOYMENT DESIRED

Position Applied for: _____ Salary desired: _____

Kind of work sought: Full Time Part Time Other _____

Date available to work: _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency in writing of the need for accommodation within 182 days of the

date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer	Worked From (Date)	Worked To (Date)	Work Performed
	Address			
	City State Zip			
	Phone Number			
	Job Title	Starting Rate/ Salary	Final Rate/ Salary	
	Supervisor			
	Reason for Leaving			

2	Employer	Worked From (Date)	Worked To (Date)	Work Performed
	Address			
	City State Zip			
	Phone Number			
	Job Title	Starting Rate/ Salary	Final Rate/ Salary	
	Supervisor			
	Reason for Leaving			

3	Employer	Worked From (Date)	Worked To (Date)	Work Performed
	Address			
	City State Zip			
	Phone Number			
	Job Title	Starting Rate/ Salary	Final Rate/ Salary	
	Supervisor			
	Reason for Leaving			

LIST ANY OTHER POSITIONS HELD ON A SEPARATE SHEET

EDUCATION	Name/ Location	Years Completed	Diploma/ Degree	Courses Studied
Elementary				
Middle School				
High School				
College				
Graduate				
Vocational/Training				

REFERENCES (do not include relatives or past employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No If yes, what branch? _____

Rank at Discharge: _____ Date of Discharge: _____

Are you in the reserves? Yes No If yes, date obligation ends: _____

Special/ technical training: _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes No
If so, where, when and nature of offense: _____

Do you have a valid driver's license? Yes No License No: _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, marital or veteran status, height, weight or age _____

State any additional information that you feel may be helpful to us in considering your application _____

EMERGENCY CONTACT (Person to be contacted in case of an emergency)

Name: _____ Relationship: _____

Telephone No: _____ Address: _____

PERSONAL HISTORY

Do you smoke? Yes No

Do you drink alcohol? Yes No

Do you have allergies? Yes No

Do you have any physical limitations? Yes No If yes, please explain _____

Are you currently being treated for any problems that could affect your ability to perform the job description? Yes No If yes, please explain _____

AVAILABILITY

Day	Times Available (If not available write N/A)
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me is support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the director of the agency. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the agency as they are from time to time changed, and no additional obligations can be imposed on the agency except those which have been acknowledged in writing, by the director or his designated representatives.

I agree that any action or suit against the agency, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by the shorter limitations period. I waived any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the agency, in which the agency prevails, I will pay to the agency any and all such costs incurred by the agency in defense of said claims or actions, including attorney fees. I agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date: _____ Signature: _____

DISCLOSURE AND RELEASE FORM
REGARDING CONSUMER CREDIT REPORTS

In connection with my application for employment, Comfort Care may obtain consumer reports concerning me for purposes relating to my potential employment with Comfort Care. I hereby authorize Comfort Care to procure consumer reports concerning me for employment purposes.

I understand that the phrase "consumer reports" in this context means:
Any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for employment.

I further understand that any procurement or use of consumer reports for employment purposes is governed by the Fair Credit Reporting Act, 15 U.S.C. 1681-1681u. In addition, I understand that the consumer reporting agency may compile and report public record information to Comfort Care. I acknowledge that I have been provided with a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" prior to signing this Disclosure and Release Form.

Print Name

Social Security Number

Applicant's Signature

Date

10524 E, Grand River
Brighton, MI 48116
(810) 225-2003

COMFORT CARE

17848 Mack Ave.
Grosse Pointe, MI 48230
(313) 881- 3390

Background Checks Permission

This policy refers to Criminal Background Checks, Driver's License Record Checks and Drug Testing. The purpose of this Agency is to care for and to protect the frail elderly and disabled living in long term care facilities or in their place of residence. Therefore this Agency will comply with the laws of this state governing health care worker background checks on all employees directly involved with the care of our clients.

Criminal Background Check

All newly hired and/or re-hired employees are subject to a criminal background check. Under Public Act 2002 criminal history checks are required for employment intended for all employees in home health care. Comfort Care reserves the right to perform a criminal background check upon orientation and anytime during their employment. If the background check provides information contrary to statements made by the caregiver, caregiver will not be hired or will be terminated immediately, unless the caregiver can prove the information to be incorrect.

Driver's License Record Check

A Driver's License Record Check will be conducted on all employees. If an employee does not have a clear driving record, the employer will advise employee that they will not be permitted to drive any clients during the course of employment with this Agency. Driving record reports will be kept in the employee's personnel file and a copy is available, upon request, to the employee for their record.

Drug Test

A Drug Test may be conducted on an applicant upon hire or anytime during their employment with this Agency. The applicant may be sent to an authorized laboratory for testing and applicant must have negative results for every drug tested. If the applicant tests positive, the applicant must have physician's prescription for drugs testing positive. If the applicant cannot provide sufficient prescription, the caregiver will not be hired or will be terminated immediately. The results of the drug test will be kept in the employee's personnel file.

I grant permission to this Agency to conduct these background checks on me, the undersigned. I understand that failure to have acceptable records may result in the loss of hire or be cause for immediate termination of employment.

My signature authorizes the Agency to release the results of the criminal background check, driver's license record check, drug test and other related health screenings to contracted facilities.

_____	_____
Full Name (Please Print)	Date of Birth
_____	_____
Signature	Sex
_____	_____
Maiden Name	Race

Today's Date: _____

Availability for the Month of:

Caregiver: _____

Day Times Available (if not available write NA)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	