



APPLICATION FOR AT-WILL EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

*******Please provide a clean copy of a Driver's License*******

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ *Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City State Zip

Cell Phone: (____) _____ Home: (____) _____

Email Address: _____

Emergency Contact: _____
Name Street City/State Telephone No.

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment: _____ Full-time _____ Part-time

Did you ever apply to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

| | NAME AND ADDRESS OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECT/ MAJOR |
|----------------------|----------------------------|-----------------------|-------------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| College | | | | |
| Specialized Training | | | | |

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably: _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If yes, please explain. _____

Please provide any additional information such as special skills, training, management experience; equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three Individuals Not Related To You, Whom You Have Know For At Least One Year:

| NAME | ADDRESS AND TELEPHONE | RELATIONSHIP | YEARS ACQUAINTED |
|------|-----------------------|--------------|------------------|
| | | | |
| | | | |
| | | | |

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

| DATE MONTH/YEAR | NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER | SALARY: STARTING/ENDING | LAST POSITION HELD/RESPONSIBILITIES | REASON FOR LEAVING |
|--------------------------------------|---|----------------------------|--|-----------------------|
| FROM: TO: | | | | |
| FROM: TO: | | | | |
| FROM: TO: | | | | |
| FROM: TO: | | | | |
| FROM: TO: | | | | |

May We Contact The Employers Listed? ____ Yes ____ No

If not, which one(s)? _____

Please read the following statement carefully before signing to indicate your understanding:

I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company reserves the right to require medical documentation regarding the need for accommodation.

I hereby authorize Carelinc Medical and its designated representatives to conduct an investigative review of my background to be generated for employment. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, civil and criminal history records from all agencies, drug testing, driving records, insurability under Carelinc’s insurance coverages or other consumer reports, birth records, and any other public records.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

By signing this disclosure, I hereby authorize CareLinc to produce such reports and additional reports about me from time to time as deemed appropriate to evaluate my insurability or for other permissible purposes. I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically accepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

_____ Date

_____ Signature of Job Applicant

_____ Typed or Printed Name of Job Applicant

For Employer Use Only

Position: _____ Wage: _____

Direct Manager’s Signature: _____

Regional Manager/President’s Signature: _____