

If you require assistance with completing this application please notify the Human Resources Department.

Hospice of Helping Hands, Inc.
335 E. Houghton Ave.
West Branch, MI 48661
(989)-343-3500 Fax (989)-345-2991

APPLICATION FOR EMPLOYMENT

NOTE: This Agency conducts Pre-employment and random drug/alcohol testing of it's employees

We offer equal opportunity employment to all individuals and do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, disability, height or weight, unless required to do so by law or bona fide occupational qualification. Hospice of Helping Hands, Inc. desires to provide a drug-free, healthful, and safe working environment. The questions on this application form are intended to be non-discriminatory in nature, and applicants are not required to submit any information which could be used for discriminatory purposes.

EMPLOYMENT DESIRED		
Name/last, first, Middle:	Position:	Date:
Positions Applied For: 1.	2.	
Status Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Until	Date Available for Work:	
DAYS AVAILABLE FOR FULL OR PART-TIME WORK:		
<input type="checkbox"/> Whatever days job requires <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.		
SHIFT(S) AVAILABLE: <input type="checkbox"/> First (Days) <input type="checkbox"/> Second (Afternoons) <input type="checkbox"/> Third (Nights) <input type="checkbox"/> Any		
SHIFT(S) PREFERRED: <input type="checkbox"/> First (Days) <input type="checkbox"/> Second (Afternoons) <input type="checkbox"/> Third (Nights) <input type="checkbox"/> Any		
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? (WHEN)		
RELATIVES EMPLOYED IN THE ORGANIZATION:		

PERSONAL INFORMATION				
PLEASE PRINT ALL INFORMATION				
NAME:			DATE:	
Last	First	Middle Initial		
Please indicate any other name you have had which would be required to check your work record:				
ADDRESS:				
NUMBER	STREET	CITY	STATE	ZIP CODE
HOME TELEPHONE NO. ()		OTHER TELEPHONE NO. ()		
ARE YOU OVER 18 YEARS OF AGE ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SOC. SEC.#				
Have you ever been convicted of a crime? If so. When?				
Where?		What was the nature of the offense?		
Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Please explain				
U.S. Military or Naval Service:			Rank upon discharge:	

EDUCATION AND TRAINING				
SCHOOL	NAME	ADDRESS	NO.OF YEARS COMPLETED	TYPE OF DIPLOMA OR DEGREE REC'D.
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATED SCHOOL				
NURSING/OTHER SCHOOL				
Please list any work training programs, seminars, extra curricular activities, or any other educational experiences relevant to the position(s) applied for:				
Currently taking course(s) <input type="checkbox"/> YES <input type="checkbox"/> NO				

PROFESSIONAL SKILLS AND LICENSURE						
Typing:		WPM				
Office, Hospital, or Industrial Equipment Skilled to Operate:						
Shorthand:		WPM				
PROFESSIONAL LICENSES AND/OR CERTIFICATES						
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER		
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER		
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER		
FOREIGN LANGUAGE SKILLS. INCLUDING SIGNING: If required by, or helpful to the position(s) applied for, please complete.						
LANGUAGE	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

EXPERIENCE					
(List Last or Present Position First)					
List all relevant experience, including paid employment, volunteer or work in the U.S. Armed Forces					
Dates		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				
		Phone/fax#:			
State title and describe in detail the work you did.					
Dates		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				
		Phone/fax#:			
State title and describe in detail the work you did.					

Dates		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				
		Phone/fax#:			
State title and describe in detail the work you did.					
Dates		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
To	From				
		Phone/fax#:			
State title and describe in detail the work you did.					
Indicate any of the above employers you do not want us to contact:					

REFERENCES			
List three references (not relatives or former employers):			
1.			
Name	Address	Phone No.	Occupation
2.			
Name	Address	Phone No.	Occupation
3.			
Name	Address	Phone No.	Occupation

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that all statements made on this application are true and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my application.

I fully understand that the misrepresentation or omission of facts or circumstances will be sufficient cause for rejection of my application, if the Company has not employed me, and for immediate dismissal if the Company has employed me.

I authorize the investigation of all statements contained in this application and further investigation of any information required to determine my qualifications for the position(s) for which I am applying.

I authorize former employer, academic institutions, and other references to release any information required to determine my qualifications for the position(s) for which I am applying and hereby release all individuals and organizations from any liability or damages which may result from furnishing such information. I waive any right, under Public Act 397 of 1978, to receive written notice from this Company or former employers that such information has been released.

In consideration of my employment, I agree to conform to the policies and procedures of the Company and also understand and agree that my employment and compensation is for no definite period and may, regardless of time and manner of payment of my wages and salary, be terminated at any time, with or without cause or notice, at the option of either the Company or myself. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented to the extent not limited by law or contract. I acknowledge that no representative of the Company, other than the Chief Executive Officer or his/her designee, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to the foregoing, unless that agreement is in writing and signed by the Chief Executive Officer of the Company or his/her designee.

I also understand that pursuant to Michigan law I will be finger printed prior to my employment with this organization.

I hereby acknowledge that I have read and understand the preceding statements; **I further understand and consent to random drug/alcohol testing pre-employment and throughout my employment.**

Date:

SIGNATURE OF APPLICANT:

DO NOT WRITE IN THIS SPACE

FOLLOW-UP ACTION:

Accepted for Employment?

Starting Rate:

Starting Date:

Position:

Department:

Interviewed by:

Date:

Interviewed by:

Date:

Approved by:

Date:

References checked by:

Date:

FOR INDIVIDUALS HIRED ONLY: Form I-9, Employment Eligibility Verification

Completed by:

Type of Document(s) Presented:

(Attach copy of completed form I-9 and copy of identity and eligibility document(s) within 3 days of hire.)