



1198 N. Lake Pleasant Rd.
Hillsdale, MI 49242
517-439-4119

Date: _____

JOB/EMPLOYMENT APPLICATION

Personal Information

Name	First: _____ Last: _____
Address	Street: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
	Email Address: _____
Position	Position Desired: _____
Salary	Salary Desired: _____

Education

Formal	Diploma: _____ Year: _____
	School Address: _____
	College: _____ Year: _____
	School Address: _____
	Degree: _____
	License, Certifications, Other: _____ _____
Are you under 18 years of age? Yes _____ No _____	



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	TB test _____ Flu Vaccine _____ Hepatitis B Vaccine _____ Current CPR/First Aid? _____ Expiry Date: _____ Other: _____ <p style="text-align: center;">(Specify)</p>
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Restrictions

Work Limitations	Are you under a physicians care? Yes _____ No _____ If yes, please explain: _____ _____ List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____ Speech: ___ Yes ___ No _____ Lifting: ___ Yes ___ No _____ Health: ___ Yes ___ No _____ Physical: ___ Yes ___ No _____ Emotional: ___ Yes ___ No _____ Other: ___ Yes ___ No _____ Have you ever received Worker's Compensation? _____ If yes, explain: _____ _____
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Availability for Work

Hours & Days Available for Work	_____ Full-time _____ Part-time _____ Weekends _____ Holidays How soon are you available: _____ Indicate Days and List Hours Available for Work: _____
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Client Types and Work Duties

	_____ Home Maker _____ Personal Care _____ Companion _____ Live-In
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Experience

Indicate which of the following you have experience in:

- | | |
|--|--|
| <input type="checkbox"/> Bathing/Showering | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Bowel Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bladder Care | <input type="checkbox"/> Medication Reminding |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit |
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Other _____ |

Are there any job duties you are unwilling to perform? _____

If yes, please explain: _____

Assignment Location

What geographical location you are willing/able to work?

- Hillsdale _____ Branch _____ Jackson _____
 Lenawee _____ Other _____



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Transportation

**Transporting
Clients**

Do you have reliable transportation? ___Yes ___No

Do you have adequate vehicle insurance? _____

Are you willing to transport clients in your private vehicle? _____

Are you willing to drive a client's vehicle? _____

Are you willing to escort a client on public transportation? _____

Comments: _____

Abuse Investigation

Have you ever been convicted of a crime? ___Yes ___No

If "yes", explain: _____

Work History/Reference Information

**Work Related
#1
(Current
Employment)**

Company Name: _____

Address: _____

Phone: _____

Supervisor's Name: _____

Position Held: _____

Length of Employment: _____

Reason for Leaving: _____



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Work Related #2 (Most Recent Position)	Company Name: _____ Address: _____ Phone: _____ Supervisor's Name: _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Work Related #3 (Prior Position)	Company Name: _____ Address: _____ Phone: _____ Supervisor's Name: _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<p>I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to Embrace Your Health, LLC and I hereby release and discharge any of the above and Embrace Your Health, LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary</p> <p>I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test if part of the Agency's pre-employment policy.</p> <p>I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.</p>	
_____ Applicant's Signature	_____ Date