

EMPLOYMENT APPLICATION

Northern Homecare Services is an equal opportunity/affirmative action employer.
 All qualified applicants will be considered without regard to age, race, color, sex,
 religion, national origin, marital status, ancestry, citizenship, veteran status,
 sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name	First	Middle Initial	Social Security Number
Maiden Name (if applicable)			Home Telephone Number
Street Address, City, State, ZIP			Cell Phone #
Position Applying For		Referred By	Salary Desired
How long have you resided in Michigan?			Years Months
What state did you live in prior to Michigan if applicable			Years Months
Are you at least 18 years old? (circle one)			Yes No

EDUCATION

School	Address	Major Studies	Degree, Diploma, License, Certificate
High School			
College/University			
Vocational , Business, Other			
List any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
Drivers License: State _____ Number _____			

List all employment for the past 5 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone#	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

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Duties and Responsibilities			

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Northern Homecare Services (NHS) to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the NHS. I will hold NHS, and my former employer, harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize NHS to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with NHS is intended to create an employment contract between myself and NHS, and that my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by me or NHS at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the following.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date