



**CLINTON AREA
CARE CENTER, INC.**

**HAZEL I. FINDLAY COUNTRY MANOR
CLINTON COMMONS**

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Company as soon as possible.

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Clinton Area Care Center, Inc. (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

DATE OF APPLICATION

Name (first, middle, last)

Present Address (street, city, state, zip code)

Home Telephone or Number Where You Can Be Reached

Business Telephone

Position Desired

Preferred Shift

Date Available

Driver's License Number

Email

1. Are you at least 18 years old? **Y or N**
Work Permit No. _____ (if under 18)

2. Are you a U.S. Citizen? **Y or N**
If no, Visa Type and #: _____

3. Have you previously been employed by the Company? **Y or N**
If yes, when: _____

4. List any/all relatives currently employed by the Company.

5. Do you have reliable transportation? **Y or N**

6. How did you learn about this employment opportunity?

Word of Mouth _____ CareerBuilder _____ Lansing State Journal _____
Internet Ad _____ Argus Press _____ Radio Ad _____

7. Have you ever been convicted of a crime (including misdemeanors)? Y or N
Are there any felony charges pending against you? Y or N

(A "Yes" answer to either question will not automatically disqualify you).

Explain: _____

8. Please list professional licenses and /or certifications held (number and expiration date):

9. Do you have any factors that would prevent Company from hiring you regarding the above license/certification? _____

10. In case of an emergency or a serious illness, who do you wish to be notified?

Name Relationship Contact Phone Number

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

EDUCATIONAL HISTORY

Check last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

Schools (include trade schools attended other than high school)

Name Location (city and state) Course or Major Dates Attended Degree

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EMPLOYMENT HISTORY List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Position Held/Job Title	Immediate Supervisor & Title
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Company Address	Phone Number
------------------------	---------------------

Dates of Employment	Hourly Wage/Salary	Reason for Leaving
----------------------------	---------------------------	---------------------------

Brief Description of Duties

Name while employed at this place of business

May we contact this employer? Y or N

Company Name	Position Held/Job Title	Immediate Supervisor & Title
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REFERENCES

Give three references below, not relative or employers:

Name and Address:

Phone: _____
Business Phone: _____
Years Acquainted: _____

Name and Address:

Phone: _____
Business Phone: _____
Years Acquainted: _____

Name and Address:

Phone: _____
Business Phone: _____
Years Acquainted: _____

APPLICANTS STATEMENT

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

I understand that prior to being offered employment, I may be required to take a drug screen test, physical examination and TB test. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

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 period is for no definite time 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.

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 checked "No" under Employment History 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 the Company.

Applicant's Signature

Date

CONFIDENTIAL

Clinton Area Care Center, Inc.
Hazel I. Findlay Country Manor/Clinton Commons
1101 S. Scott Rd.
St. Johns, MI 48879

Telephone: (989) 224-8936
Fax: (989) 227-8008
Attn: Business Office

I have applied for employment at Clinton Area Care Center, Inc. I hereby authorize my current and former employers to release any information contained in my Personnel file or otherwise known by the Company. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, that will be grounds for discipline up to and including the possibility of immediate discharge. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities. I will not hold you nor individuals employed by you or the above liable for supplying any information requested, and waive my right to receive written notice of any such information provided. Thank you for your assistance.

Applicant's Signature Date Applicant's Name (Print)

TO BE COMPLETED BY PREVIOUS EMPLOYER

Position Held: _____ Dates: _____ to _____

Reason for Leaving: _____

Would you rehire: _____ Yes _____ No If no, why not: _____

PLEASE CHECK APPROPRIATE RATING

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Punctuality & Attendance					
Job Knowledge					
Performance					
Honesty					
Organization of Time					
Ability to Accept Direction					
Compatibility with co-workers					
Cooperation					

Additional Comments: _____

Information Supplied By: _____ Title: _____ Date: _____

Business: _____ Telephone #: _____ Fax#: _____

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Date

Applicant's Name (Print)

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