COMPLETE HOME HEALTH CARE, LLC
29610 Southfield Rd, Suite 260
Southfield, MI 48076
Phone: 248.932.0335
Fax: 248.932.0382

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date_____

Name_____Social Security Number_____

Home Address_____
Number Street City State Zip Code

Home Telephone Number (___) _____Cell Phone (__)_____ Fax (____) _____

Email: _____ Referred By: _____

Position Category: HHC ☐ Admin ☐ Salary Desired_____

Are you employed now? Yes ☐ No ☐ If Yes, may we contact your present employer? Yes ☐ No ☐

Education Completed			
	Name & Location of School	**Year of Graduation**	**Degree/Certification**
High School or GED			
College			
HHA or NA Training School, or Any relevant training –correspondence or otherwise.			

Former Employers				
(Start with more recent employer; list last four employers)				
Dates	**Name & Address of Employer**	**Position**	**Salary**	**Reason for Leaving**
From To				
From To				
From To				
From To				

Professional Knowledge/Experience (Nurses Only)			
Category		**Years Of Experience**	**Other (List specifics, i.e. list training, orientation**
Pediatric	☐		
IV Therapy	☐		
Psychiatric Nurse	☐		
Home Health Care	☐		
Geriatric Nurse	☐		
Podiatric	☐		
Community Health	☐		
Anesthesia	☐		
Other	☐		

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal or prosecution.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release XYZ Home Care from all liability for any damage that may result from utilization of such information

Signature_____ **Date**_____

Applicant Authorization

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

Complete Home Health Care does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release Complete Home Health Care from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Complete Home Health Care. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and Complete Home Health Care retain a similar right. You further understand that no representative of Complete Home Health Care other than {Nursing Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

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

_____ _____

Signature of Applicant Date