

RELIACARE

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email:
HR@reliacareagency.com

Application For Employment

Today's Date _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Email Address: _____ Position Applying For _____

Date you can Start _____ Salary Desired _____

Employment Sought: FULL TIME PART TIME

EDUCATION

High School _____ Location _____

Did you Graduate _____

College _____ Location _____

Degree _____

Trade/Business/Graduate School _____ Location _____

Degree _____

EMPLOYMENT HISTORY (Most Recent First)

Are you currently employed? YES NO If yes, may we contact your employer? YES NO

Dates of Employment _____ Reason For Leaving _____

Company Name _____

City _____ Phone _____

Position _____ Responsibilities _____

Dates of Employment _____ Reason For Leaving _____

Company Name _____

City _____ Phone _____

Position _____ Responsibilities _____

Dates of Employment _____ Reason For Leaving _____

Company Name _____

City _____ Phone _____

Position _____ Responsibilities _____

Where did you hear about this position? _____

Why are you interested in becoming a ReliaCare employee? _____

What are your career goals? _____

Are there any additional job related experience, skills, or qualifications which will be of relevance?

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which has not been annulled or expunged or sealed by a court: YES NO
If Yes, please describe in full: _____

Can you at the time of employment, submit verification of your legal right to work in the United States?
 YES NO

Personal References

List 3 individuals (not related to you) who are familiar with your work skills. Please include name, address, phone and number of years acquainted.

1. _____
2. _____
3. _____

ReliaCare does not discriminate against race, religion, gender, or age.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of ReliaCare has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature

Date

Employment References For:

Release:

I _____ acknowledge that I have been informed that it is ReliaCare's general policy to request information from prior employers the following information: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates. By signing this release, I am voluntarily requesting that ReliaCare request references from prior employers. I agree to release and discharge all parties involved of any claims, liabilities, and causes of action, known or unknown, fixed or contingent, that may arise from or that are in any manner connected to this disclosure of employment related information from prior employers. I state that I have carefully read and fully understand the provisions of this release.

For Office Use Only

Company Name _____
Address _____
Phone Number _____
Manager _____
Dates of Hire _____
Position held _____
Reason for separation _____
Would you rehire _____
Date verified _____ Verified Initials_ _____
Company Name _____
Address _____
Phone Number _____
Manager _____
Dates of Hire _____
Position held _____
Reason for separation _____
Would you rehire _____
Date verified _____ Verified Initials_ _____
Company Name _____
Address _____
Phone Number _____
Manager _____
Dates of Hire _____
Position held _____
Reason for separation _____
Would you rehire _____
Date verified _____ Verified Initials_ _____

RELIACARE

Criminal Background Check Authorization

I hereby state that I have not been convicted of any of the following:

- a. A felony or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of this application for employment or clinical privileges.
- b. A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan Penal Code, 1931 PA 328, MCL 145M, or a state or federal crime that is substantially similar to a misdemeanor described in this statement within the 10 years immediately preceding the date of this application for employment or clinical privileges.

In consideration of this conditional employment or these conditional clinical privileges, I hereby understand and agree that if the criminal history check conducted does not confirm these statements, my employment or clinical privileges will be terminated by ReliaCare Agency, Inc as required by Section 20173 (1) of that Code unless and until I can prove that the information is incorrect. ReliaCare Agency, Inc shall provide a copy of the results of the criminal history check to me upon written request.

I also understand and agree that failure to meet any conditions described in subparagraphs a and b of this statement may result in the termination of my employment or clinical privileges and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00 or both.

1 Last Name _____ First Name _____ MI _____

2 Race: Cau: Black: Asian: Native Amer: Other:

3 Sex M F

4 Date of Birth: Month _____ Day _____ Year _____

5 Maiden or other names used _____

Signature: _____ Date: _____

Authorization for Repayment of Advance for Criminal Background Check

I acknowledge as a condition of employment ReliaCare, I must undergo a background screening. I am requesting ReliaCare to advance me the \$25.00 for my Criminal Background Check through Internet Criminal History Access Tool (ICHAT).

In the event that my employment is terminated or I resign prior to working 90 days (Actual Days worked, not calendar days) I agree to allow the company to deduct the amount of \$25.00 from my final paycheck(s) which may be due to me after the termination of my employment.

Signature: _____ Date: _____