

## EMPLOYMENT APPLICATION

Please complete the entire application.

### 1. Employer Information

Employer: WEST HOME HEALTHCARE, INC  
Address: 19100 WEST 10 MILE ROAD, SUITE 201  
City/State/ZIP: SOUTHFIELD, Michigan 48075  
Telephone: 313-344-0222

It is the policy of WEST HOME HEALTHCARE, INC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### 2. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

### 3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

### 4. Job Position Applied For: **LICENSE PRACTICAL NURSE**

5. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

6. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. How will you get to work? \_\_\_\_\_

8. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_

9. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

11. If hired, are you able to submit proof that you are legally eligible for  
employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Are you able to perform the essential functions of the job position you seek with  
or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?  
\_\_\_\_\_

13. Have you ever been convicted of a felony or misdemeanor?

\_\_\_\_\_ Yes, I was convicted of \_\_\_\_\_ on \_\_\_\_\_  
(date) in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_ No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN  
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF  
EMPLOYMENT.

#### 14. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of  
experience and circle the number which corresponds to your ability for each particular skill.  
(One represents poor ability, while five represents exceptional ability.)

Ability

or

SkillYears of Experience

Rating

\_\_\_\_\_ 1 2 3 4 5  
\_\_\_\_\_ 1 2 3 4 5

#### 15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment  
and military service) which you have held, beginning with the most recent, and list and explain

any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

#### 16. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

17. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize WEST HOME HEALTHCARE, INC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of WEST HOME HEALTHCARE, INC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE    DATE