

Cypress Home Care, Inc.

808 W. Lake Lansing Rd., Suite 203, E. Lansing, MI 48823

(517) 485-6100

EMPLOYMENT APPLICATION

PLEASE COMPLETE THE ENTIRE APPLICATION

TODAY'S DATE _____ POSITION DESIRED _____ DATE AVAILABLE _____

FIRST NAME _____ MIDDLE _____ LAST NAME _____

ADDRESS _____

street

apt. #

city

state

zip

DRIVER'S LICENSE # _____ PHONE # _____

EMAIL ADDRESS _____ CELL PHONE # _____

EMERGENCY CONTACT _____ PH # _____ CELL # _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES ___ NO ___ RESIDENT ALIEN # _____

ARE YOU WILLING TO WORK ANY SHIFT? YES ___ NO ___ IF NO, HOURS AVAILABLE _____

SHIFT PREFERRED: FIRST ___ SECOND ___ THIRD ___

ARE YOU WILLING TO WORK WEEKENDS? YES ___ NO ___

ARE YOU WILLING TO WORK HOLIDAYS? YES ___ NO ___

CYPRESS HOME CARE'S POLICY IS TO OBTAIN CRIMINAL BACKGROUND CHECKS ON ALL EMPLOYEES. YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES ___ NO ___

IF YES, PLEASE STATE WHEN, WHERE AND NATURE OF OFFENSE: _____

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE? YES ___ NO ___

HONORABLE DISCHARGE? YES ___ NO ___

DO YOU HAVE ANY SPECIALIZED TRAINING APPLICABLE TO EMPLOYMENT AT CYPRESS HOME CARE? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

PLEASE STATE WHY YOU WOULD LIKE TO WORK FOR CYPRESS HOME CARE: _____

EDUCATION AND TRAINING

EDUCATION	NAME	ADDRESS	# OF YRS. ATTENDED	GRADUATE? Y / N	TYPE OF DEGREE
High School					
College					
Nursing School					
Other					

WORK HISTORY

(start with most recent job)

EMPLOYER'S NAME _____	POSITION _____
ADDRESS _____	PH # _____
EMPLOYMENT DATES: FROM _____	TO _____ PAY RATE _____
SUPERVISOR'S NAME _____	REASON FOR LEAVING _____
OKAY TO CHECK REFERENCE? YES ___ NO ___	

EMPLOYER'S NAME _____	POSITION _____
ADDRESS _____	PH # _____
EMPLOYMENT DATES: FROM _____	TO _____ PAY RATE _____
SUPERVISOR'S NAME _____	REASON FOR LEAVING _____
OKAY TO CHECK REFERENCE? YES ___ NO ___	

EMPLOYER'S NAME _____	POSITION _____
ADDRESS _____	PH # _____
EMPLOYMENT DATES: FROM _____	TO _____ PAY RATE _____
SUPERVISOR'S NAME _____	REASON FOR LEAVING _____
OKAY TO CHECK REFERENCE? YES ___ NO ___	

PLEASE LIST THREE (3) REFERENCES (NO FORMER EMPLOYERS OR RELATIVES)

NAME _____	PROFESSION _____	PH # _____
NAME _____	PROFESSION _____	PH # _____
NAME _____	PROFESSION _____	PH # _____

PROFESSIONAL LICENSE INFORMATION

DO YOU HAVE A VALID PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION IN MICHIGAN? YES ___ NO ___

PLEASE NOTE: THIS DOES NOT REFER TO YOUR DRIVER'S LICENSE.

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION NUMBER: _____

EXPIRATION DATE: _____

HAVE YOU BEEN LICENSED IN ANOTHER STATE? YES ___ NO ___ IF YES, WHICH STATE? _____

HAS DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOUR LICENSE? YES ___ NO ___

IF YES, EXPLAIN: _____

HAVE RESTRICTIONS EVER BEEN PLACED ON YOUR LICENSE? YES ___ NO ___

IF YES, EXPLAIN: _____

HAS YOUR LICENSE EVER BEEN DENIED, SURRENDERED, SUSPENDED OR REVOKED? YES ___ NO ___

IF YES, EXPLAIN: _____

ARE YOU CPR CERTIFIED? YES ___ NO ___

EMPLOYMENT ACKNOWLEDGMENT

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE MISREPRESENTATION OF FACTS WILL BE CAUSE FOR REJECTION OF THIS APPLICATION OR IMMEDIATE DISMISSAL FROM EMPLOYMENT.

FURTHERMORE, I GIVE PERMISSION TO CONTACT FORMER EMPLOYERS, ASSOCIATES, AND SCHOOLS TO DETERMINE EMPLOYMENT ELIGIBILITY. I ALSO RELEASE CYPRESS HOME CARE, INC., FORMER EMPLOYERS, ASSOCIATES, AND SCHOOLS FROM ALL LIABILITY FOR FURNISHING REQUESTED INFORMATION.

I ALSO AGREE TO WAIVE MY RIGHT TO RECEIVE WRITTEN NOTICE OF ANY INFORMATION PROVIDED.

I UNDERSTAND MY EMPLOYMENT RELATIONSHIP IS AT WILL AND THAT AS AN AT WILL EMPLOYEE I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE.

I ALSO UNDERSTAND THAT CYPRESS HOME CARE, INC. RETAINS THE SAME RIGHT TO TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE OR NOTICE.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I AGREE NOT TO COMMENCE ANY ACTION OR SUIT RELATING TO MY EMPLOYMENT RELATIONSHIP WITH CYPRESS HOME CARE, INC., BEYOND SIX (6) MONTHS (180 CALENDAR DAYS) AFTER THE DATE OF THE EVENT OR THE DATE OF TERMINATION OF EMPLOYMENT. I ALSO AGREE TO WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR CONSIDERATION FOR SIX (6) MONTHS (180 DAYS). IF AT THE CONCLUSION OF THIS PERIOD, I WANT CYPRESS HOME CARE, INC. TO CONTINUE TO CONSIDER ME FOR EMPLOYMENT, I MUST REAPPLY.

I UNDERSTAND THAT DRIVING A VEHICLE MAY BE A REQUIREMENT OF THIS POSITION AND IF A REQUIREMENT, I UNDERSTAND IF AT ANY TIME I AM UNABLE TO LEGALLY DRIVE A VEHICLE, OR IF I AM UNABLE TO BE INSURED, THAT, CYPRESS HOME CARE, INC ., HAS THE RIGHT TO TERMINATE MY EMPLOYMENT. I ALSO AGREE TO IMMEDIATELY (WITHIN 24 HOURS) NOTIFY MANAGEMENT WHEN I HAVE A MOVING VIOLATION OR AM INVOLVED IN A VEHICLE ACCIDENT, WHETHER ON MY TIME OR COMPANY TIME.

I UNDERSTAND AND AGREE CYPRESS HOME CARE, INC. MAY REQUIRE A PHYSICAL EXAMINATION AND DRUG SCREENING AT ANY TIME. IF REQUESTED, EMPLOYMENT IS CONTINGENT UPON PASSING A PHYSICAL EXAMINATION AND/OR DRUG SCREENING. I AGREE THIS APPLICATION IS THE PROPERTY OF CYPRESS HOME CARE, INC., THAT I HAVE NO RIGHT TO INFORMATION CONTAINED HEREIN, AND AT NO TIME WILL THIS APPLICATION BE RETURNED TO ME.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I AGREE TO COMPLY WITH CYPRESS HOME CARE, INC. EMPLOYEE POLICIES AND WORK RULES.

APPLICANT SIGNATURE

DATE