



Michigan House Senior Living
18533 Quarry Street
Riverview, MI 48193

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Who referred you for this position: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certification/
License _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

The Company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, medical condition, marital status, citizenship status, disability or uniformed service member status.

If accepted for employment, Passion Care Services will make every effort to provide steady continuous work, although Passion Care Services has no employment contracts and cannot guarantee the permanence of any position. Job tenure can be affected by many factors (business, economic conditions, changes in laws or Company policies, conformity to work rules, job performance, etc.) in addition, employees may elect on their own accord to seek jobs in other fields or with other employers.

I understand that my employment with Passion Care Services is for no specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom, business practice or other procedure (including Company handbook or personnel manuals) constitutes an employment contract or modification of the at will employment relationship between me and Passion Care Services

The contents of any employment handbook or personnel manuals, as well as other Company policies and practices are subject to change or modification by the Company, solely at its discretion, without notice. I also understand that no supervisor or other official of Passion Care Services (except its Director of Operations in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

Signature: _____ Date: _____