



2062 N US 31 South, Ste A
Traverse City, MI 49685
Phone (231) 946-3000
Fax (231) 946-3611

EMPLOYMENT APPLICATION

Equal Opportunity Employer

We are an equal opportunity employer and do not discriminate against applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or genetic information.

Where to Find Vacancy Information:

- Internet: www.integrityhomehealthcare.com
- Michigan Talent Bank: www.mitalent.org
- Human Resource Department

DATE OF APPLICATION

Company Use:

POSITION APPLIED FOR

Requisition Number: _____

Title: _____

Salary Requirement: _____ ☐ hour ☐ month ☐ year

Type of Employment: ☐ Full Time ☐ Part Time ☐ Temporary

When Are You Available to Start? ☐ Immediately ☐ 2 Weeks ☐ Other:

How did you learn this position was available?

NOTE: Applications are only accepted for vacant positions.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete all information in its entirety
- Type or print in blue or black ink
- Specify the position for which you are applying.
- Submit the application to Integrity Home Health & Skilled Care Human Resources
- Sign your name in the certification section. All information you submit is subject to verification.
- This application will remain valid for a period of 30 days; a new application must be submitted to be considered after 30 days has expired.

PERSONAL INFORMATION

Last Name First Name MI

Address

City State ZIP

Cell Phone Home Phone

Email Address

GENERAL INFORMATION

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation to get to and from work and to travel between client locations, if required by the position you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to consent to a comprehensive background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to consent to medical screening / testing if required by the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you entered into an agreement with any former employer or other party (such as a non-compete or confidentiality agreement) that might, in any way, restrict your ability to work for our company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:
Have you ever worked here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Do you have any relatives that work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Did one of our employees refer or suggest that you apply here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?

* We comply with the American with Disabilities Act (ADA) and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

AVAILABILITY

Indicate when you are available to be scheduled (specify am or pm). Due to the nature of our business, the more availability you have, the more opportunities we can consider you for.

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Begin Time							
End Time							
Overnight Yes/No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you willing to: Work long shifts (e.g. 10+ hours)? ☐ Yes ☐ No Work overtime? ☐ Yes ☐ No Travel within a 30 mile radius of our office? ☐ Yes ☐ No

Note: Your availability may be considered in our decision to hire you. Availability may or may not be changed in the future depending on a number of factors including, but not limited to, position, employment status, type of employment, business and operational needs. Only list the availability that you can commit to indefinitely.

EDUCATION

HIGH SCHOOL (Transcripts May Be Required)			
NAME/LOCATION OF SCHOOL		RECEIVED: <input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other:	
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL			
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts May Be Required)			
NAME OF SCHOOL	LOCATION	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
JOB-RELATED TRAINING OR COURSE WORK (Vocational, Trade, Governmental, Business, Armed Forces, Etc)			
NAME OF SCHOOL	LOCATION	COURSE OF STUDY	TRAINING COMPLETED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSURE, REGISTRATION, CERTIFICATION (Examples: CNA, LPN, RN, PT, OT, Teacher Certification, etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE REC'D	EXP DATE	STATE LICENSING AGENCY

SPECIAL SKILLS

LIST ALL PERTINENT SKILLS, LANGUAGES SPOKEN, AND ANY SPECIAL EQUIPMENT YOU CAN OPERATE

MILITARY SERVICE

BRANCH OF SERVICE	DATE ENTERED	DATE DISCHARGED	RANK	OCCUPATIONAL SPECIALTY

List any special/technical military training that is applicable to the position you are applying for:

REFERENCES (Do Not List Relatives)

LIST A MINIMUM OF 2 REFERENCE WHO ARE QUALIFIED TO COMMENT ON YOUR RELATED EDUCATION, EXPERIENCE, KNOWLEDGE, SKILLS AND ABILITIES.			
Reference #1		Reference #2	
Name		Name	
Address		Address	
City	State	City	State
Zip		Zip	
Phone #1	Phone #2	Phone #1	Phone #2

EMPLOYMENT HISTORY

Describe all work experience in detail, beginning with your current or most recent job. Include internship and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment greater than 30 days. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

#1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

City: _____ State: _____ Zip _____ Ending Salary/Wage: _____

Supervisors Name: _____ Phone #: _____

Start Date (MM/YY): _____ End Date: _____ ☐ Still Employed

May we contact this company? ☐ Yes ☐ No If no, may we contact this company upon acceptance of an employment offer? ☐ Yes ☐ No

Reason you left or are considering leaving? _____

Duties and Responsibilities: _____

What did you like most about this position? _____

What did you like least about this position? _____

Describe any gap between this job and the next job:

#2 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

City: _____ State: _____ Zip _____ Ending Salary/Wage: _____

Supervisors Name: _____ Phone #: _____

Start Date (MM/YY): _____ End Date: _____ ☐ Still Employed

May we contact this company? ☐ Yes ☐ No If no, may we contact this company upon acceptance of an employment offer? ☐ Yes ☐ No

Reason you left or are considering leaving? _____

Duties and Responsibilities: _____

What did you like most about this position? _____

What did you like least about this position? _____

Describe any gap between this job and the next job:

EMPLOYMENT HISTORY (Continued)

Describe all work experience in detail, beginning with your current or most recent job. Include internship and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment greater than 30 days. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

#3 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

City: _____ State: _____ Zip _____ Ending Salary/Wage: _____

Supervisors Name: _____ Phone #: _____

Start Date (MM/YY): _____ End Date: _____ ☐ Still Employed

May we contact this company? ☐ Yes ☐ No If no, may we contact this company upon acceptance of an employment offer? ☐ Yes ☐ No

Reason you left or are considering leaving? _____

Duties and Responsibilities: _____

What did you like most about this position? _____

What did you like least about this position? _____

Describe any gap between this job and the next job:

#4 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

City: _____ State: _____ Zip _____ Ending Salary/Wage: _____

Supervisors Name: _____ Phone #: _____

Start Date (MM/YY): _____ End Date: _____ ☐ Still Employed

May we contact this company? ☐ Yes ☐ No If no, may we contact this company upon acceptance of an employment offer? ☐ Yes ☐ No

Reason you left or are considering leaving? _____

Duties and Responsibilities: _____

What did you like most about this position? _____

What did you like least about this position? _____

Describe any gap between this job and the next job:

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

EMERGENCY CONTACTS

Please list the name, address and phone number of person to be notified in the event of an accident or emergency.

Emergency Contact #1			Emergency Contact #2		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone #1	Phone #2		Phone #1	Phone #2	

BACKGROUND INFORMATION

Are you willing to consent to a comprehensive background check?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime other than a minor traffic infraction?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been arrested for a felony or do you have felony charges pending?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been discharged or asked to resign from a position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been, or are you currently, reprimanded, sanctioned, debarred, suspended, or excluded for any reason by or from any state or federal healthcare programs including Medicaid/Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been disciplined by a previous employer for mistreatment, neglect or abuse of a patient, misappropriation of patient property or other inappropriate behavior regarding a patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been disciplined or discharged from employment due to theft or embezzlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever been known by any names other than the name you listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what other name(s)?

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

CERTIFICATION

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that omission or misrepresentation of material fact on this application or on a document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I understand that, as a condition of my consideration for employment, or as a condition of my continued employment, Integrity Home Health & Skilled Care may perform a comprehensive background check on me that includes, but is not limited to, criminal, civil, education and employment history, medical and professional sanctions, exclusions, licensure and certifications, credit history, motor vehicle records, residence history, and personal and professional references. I also authorize Integrity to investigate any and all information I have provided verbally or in writing such as information on my employment application, resume, cover letter, or other documents as well as information I provided or was otherwise obtained through interviews, meetings, phone conversations, emails, or in the course of performing a background check. I understand that certain state and federal laws, such as the federal Fair Credit Reporting Act (FCRA) may provide me with certain rights regarding the accuracy, fairness, and privacy of information collected and used in the background check process. I understand that information about the FCRA is available at http://www.ftc.gov/credit and https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reportingact.pdf , and a copy is available with this application. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such reports, investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company. All employment at Integrity Home Health & Skilled Care is considered "at-will".
Initials	I understand that should an employment offer be extended to me and accepted that I will be expected to fully adhere to the policies, rules and regulations of employment of the company, which are subject to change from time to time.
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
I have read and fully understand and accept the foregoing statements.	
Date	Applicants Signature