

Sharing Hearts, LLC APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, weight, height, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

This application shall remain active for thirty (30) days from the date it is submitted. Any applicant who wants to be considered for employment beyond that thirty (30) days should inquire as to whether applications are being accepted at that time.

(PLEASE PRINT)

Position(s) Applied for	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip
Telephone Number(s)		E-mail Address

Are you at least 18 years of age? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Do you have the right to remain permanently in the U.S. and do you have authorization to work in the U.S.? Yes No

Have you worked under a different name before? Yes No

If yes, explain _____

Have you ever filed an application with us before? Yes No If Yes, Give Date _____

Have you ever been employed with us before? Yes No If Yes, Give Date _____

Are you currently employed? Yes No

Hourly rate desired? _____ On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary Shift Preference _____

Are you currently on "lay-off" status and subject to recall? Yes No

Languages spoken in addition to English _____

Did you have or are you subject to a covenant not to compete, non-competition agreement or other contract with your current or former employer, or another party, which may affect your future work in any way?

Yes No

If yes, please explain and provide a copy if in writing. _____

Do you possess a valid driver's license?

Yes No

Do you own your own transportation?

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please explain _____

Are any felony charges currently pending against you?

Yes No

If yes, please explain _____

Have you ever had any professional licenses and certification suspended or revoked?

Yes No

Can you perform all the job-related functions of the position(s) for which you applied?

Yes No If no, please explain: _____

Do you have a current CPR certification? Yes No Expiration date: _____

EDUCATION

	Name & Address of School	Course of Study	Years Complete	Diploma Degree	GPA
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
Nursing School					

Describe any specialized job related training, apprenticeship, skills or qualifications.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include job-related military service assignments.

1. Employer	Number of Years Employed	Work Performed
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		
2. Employer	Number of Years Employed	Work Performed
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		
3. Employer	Number of Years Employed	Work Performed
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	
Job Title Supervisor		
Reason for Leaving		

ADDITIONAL INFORMATION

SPECIALIZED SKILLS

Check Skills/Equipment Operated

<input type="checkbox"/> Calculator	<input type="checkbox"/> Internet Explorer	Other: _____
<input type="checkbox"/> Fax	<input type="checkbox"/> Creative Solutions	_____
<input type="checkbox"/> Access	<input type="checkbox"/> Peachtree	_____
<input type="checkbox"/> Excel	<input type="checkbox"/> ProSystem	_____
<input type="checkbox"/> Outlook	<input type="checkbox"/> Quick Books	_____
<input type="checkbox"/> Word	<input type="checkbox"/> Shoshana	_____

State any additional information you feel may be helpful to us in considering your application.

References (No Family Members)

#1 _____	(____)	_____
(Name)		Phone #

(Address)		
#2 _____	(____)	_____
(Name)		Phone #

(Address)		
#3 _____	(____)	_____
(Name)		Phone #

(Address)		

APPLICANT'S STATEMENT

I certify that the answers and information on this application are true and complete.

If I am hired, I understand that false, misleading or omitted information on this application may, at the sole discretion of Sharing Hearts, LLC (the "Company"), result in my termination.

I authorize the Company to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the Company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Personnel Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I acknowledge and agree that any action, claim or suit against the Company or any of its officers or managers, arising out of my employment or termination of employment, including, but not limited to, claims arising under any and all state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I understand and agree that if I am hired by the Company, I will be required to sign an Employee Confidentiality and Anti-Piracy Agreement.

I UNDERSTAND AND AGREE THAT IF I AM HIRED BY THE COMPANY, I WILL BE AN AT-WILL EMPLOYEE WHICH MEANS THAT MY EMPLOYMENT CAN BE TERMINATED BY THE COMPANY OR ME AT ANY TIME, WITH OR WITHOUT CAUSE, FOR ANY OR NO REASON WHATSOEVER. ONLY THE PRESIDENT OF THE COMPANY CAN CHANGE THE AT-WILL STATUS OF MY EMPLOYMENT AND ANY SUCH CHANGE MUST BE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

DATED: _____

APPLICANT'S SIGNATURE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Interviewer _____ Date _____

Employed: Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title _____ Date _____

NOTES:

