

# Preferred Homecare and Comprehensive Sleep Solutions

## Application For Employment

## An Equal Opportunity Employer

Preferred Homecare and Comprehensive Sleep Solutions is an equal opportunity employer. We do not discriminate on the basis of sex, race, color, religious creed, national origin, age, disability, marital status, or any other characteristic protected by federal, state or local law. Preferred Homecare and Comprehensive Sleep Solutions will make a reasonable accommodation to known physical or mental limitations of qualified applicant or employee with a disability unless the accommodation will impose an undue hardship on the operation of our business.

PLEASE NOTE: The fact that you have been asked to complete this detailed application indicates our interest in your qualifications. You can aid in making a fair appraisal of those qualifications by answering each question as accurately as possible. Please examine the form before filling it out.

### PERSONAL DATA

NAME LAST FIRST MI SOCIAL SECURITY NO.

ADDRESS (Number & Street) CITY STATE ZIP TELEPHONE

List other name(s) under which you attended school or were employed

How, or by whom, were you referred to this company?

Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying?  YES  NO

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced before commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

If under 18 years of age, do you have a work permit?  YES  NO

Except for those records which have been ordered sealed or erased by the court, have you ever been convicted of a felony?  YES  NO

If yes, explain and give the date of conviction, reason and current disposition of the case (a conviction will not necessarily disqualify you from employment)

Have you ever been excluded by HHS OIG?  YES  NO

Explain:

Have you ever worked for this company before?  YES  NO

### EDUCATION AND TRAINING

Type of School	Name	City, State	Last Grade Completed	Degree Granted	Kind of Course, Major Subjects Honors Received Outline as completely as possible
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High School

College

Graduate School

Other Training

List other qualifications and skills (i.e. languages, typing, office machines, etc.)

List professional licenses

License No.	Type of license	Place of Issue	Expiration Date
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Please list job-related organizations, clubs professional societies, or other associations to which you belong (omit those which may indicate your race, religious creed, color, national origin, ancestry, sex or age).

### MILITARY (UNITED STATES)

Have you served in the Armed Services in the United States?  YES  NO

If yes, did you acquire any job related skills during your military service?

### PROFESSIONAL REFERENCES

Please provide three (3) professional references of individuals familiar with your work history.

NAME	OCCUPATION	HOW LONG KNOWN?	ADDRESS	PHONE
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**EXPERIENCE AND QUALIFICATIONS – DRIVER APPLICANTS ONLY**

DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO  
 B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO  
 C. Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations?  YES  NO  
 IF THE ANSWER TO A,B OR C IS YES, ATTACH STATEMENT GIVING DETAILS.

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR AND SEMI TRAILER	_____	_____	_____	_____
TWIN TRAILERS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)**

	DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, etc.)	FATALITIES	INJURIES
LAST ACCIDENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS**

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____

**PHYSICAL HISTORY**

DATE OF LAST DOT PHYSICAL EXAMINATION \_\_\_\_\_

\_\_\_\_\_ HAVE YOU BEEN GRANTED A WAIVER UNDER SECTION 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PERTAINING TO THE LOSS OF FOOT, HAND, LEG OR ARM?

Please use the space below for any additional information necessary to describe your qualifications.

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

**EMPLOYMENT RECORD IN THE UNITED STATES**

Please complete in detail, starting with present employer. Account for all time, including periods of unemployment or self-employment. Feel free to attach resume, but please **complete this page in any case.**

EMPLOYER	MONTH/YEAR EMPLOYED	YOUR POSITION TITLE
ADDRESS	FROM TO	YOUR RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE SALARY	
NAME OF SUPERVISOR	PHONE#	OTHER COMPENSATION
REASON FOR LEAVING		

May we contact? \_\_\_\_\_

EMPLOYER	MONTH/YEAR EMPLOYED	YOUR POSITION TITLE
ADDRESS	FROM TO	YOUR RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE SALARY	
NAME OF SUPERVISOR	PHONE#	OTHER COMPENSATION
REASON FOR LEAVING		

May we contact? \_\_\_\_\_

EMPLOYER	MONTH/YEAR EMPLOYED	YOUR POSITION TITLE
ADDRESS	FROM TO	YOUR RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE SALARY	
NAME OF SUPERVISOR	PHONE#	OTHER COMPENSATION
REASON FOR LEAVING		

May we contact? \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that the information contained in this Application and other required documents ("Application") is true and accurate to the best of my knowledge. I understand that any misrepresentations or omissions of such information or any false statements made by me in this Application shall result in denial of employment or discharge. I further understand that any offer of employment and continued employment is contingent upon my ability to provide documentation evidencing citizenship or right to work status.

I grant the Company permission to check any of the information submitted by me in connection with this Application and to make a thorough investigation of my past employment, education and activities. I authorize the employers and references listed in this Application or other required documents, unless otherwise indicated, to give the Company any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise. I release the Company and all persons or entities supplying such information to the Company from all liability for any damage which may result from furnishing information to the Company.

I understand that a consumer report concerning my credit worthiness and credit rating (if job-related), character, general reputation, personal characteristics and mode of living may be requested by Preferred Homecare in connection with my employment or post-employment activities. I understand that I will be notified if such a report is obtained. I further understand that, upon written request, I may obtain additional information about this report under the requirements of the Fair Credit Reporting Act.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

I understand that it is Preferred Homecare's policy to not to allow relatives to work in the same department where such employment poses problems of supervision, safety, security or morale, or poses potential conflicts of interest or other hazards greater for relatives than for other persons.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

If an employment relationship is established, I agree to conform to the Company's policies and practices and that my employment and compensation can be terminated at any time with or without cause, and with or without advance notice, at the option of the Company or myself. I understand that no management representative has authority to enter into any agreement of employment for any specific period of time or to make any agreement contrary to the foregoing.

If employed by the Company, I understand and agree that if the Company believes that the Company rules on drugs and alcohol are being violated, I may be subject to drug and alcohol screening and/or could face disciplinary consequences, up to and including termination. I recognize and agree that the Company may exercise its right without prior warning or notice to conduct inspections of its property including but not limited to files, lockers, desks and vehicles, and in certain circumstances any personal property. I understand that if the results of substance screening or inspections indicate that I have violated the Company's rules on drugs or alcohol, I will be subject to disciplinary action up to and including immediate discharge.

I authorize any physician or medical facility retained by the Company to collect samples as required and to provide test results and evaluations to Company management. Further, I agree to release and hold harmless the Company, the examining physician and the laboratory, as well as each of their officers, agents and employees from any liability based upon the request for, administration of, and use of the results of my physical examination, including drug and alcohol tests. I further agree to abide by all Company decisions concerning this matter.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_