



**RITE CHOICE**  
Home Health Care, LLC



2200 N. Canton Center Rd., Suite #130, Canton, MI 48187

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street (Apt) City/State Zip

**Alternate Address:** \_\_\_\_\_  
Street City/State Zip

**Contact Information:**  
(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone E-mail

**How did you learn about our company?** \_\_\_\_\_

**POSITION SOUGHT:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_

**Desired Pay Range:** \_\_\_\_\_ **Are you currently employed?** \_\_\_\_\_

Hourly or Salary

**If so, may we contact your current employer?** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Have you ever applied for work at this company?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Separation Reason:** \_\_\_\_\_

### EDUCATION & TRAINING

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	GRADUATE? DEGREE?	MAJOR /SUBJECTS OF STUDY
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			

### MILITARY SERVICE RECORD

Branch Of Service	Discharge date rank

**Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.**

\_\_\_\_\_

## PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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Job notes, tasks performed and reason for leaving:

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Job notes, tasks performed and reason for leaving:

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Have you been convicted of a felony in the past 5 years?  Yes  No

If yes please explain:

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### Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also acknowledge that this company reserves the right to require pre-employment fingerprinting/ criminal history check. (Michigan Public Acts 27, 28, and 29 or 2006)

This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_