



5199 Shoreline Blvd. Waterford, MI 48329 tel/fax: 248.461.6979 www.fc-hc.com

Application for Employment

Position Applying for: _____

Date you could start: _____

Availability (days and hours): _____

PERSONAL INFORMATION:

Full Name: _____
Last First Middle

Address: _____
Street Address Apt./Rd/Dr.

City State Zip code

Date of Birth: _____ SS# _____

Phone: H) _____ C) _____ W) _____

E-mail address _____

Can you provide proof, if hired that you are eligible to work in the United States? _____

Have you ever been in the armed forces? _____ What branch? _____

Can you provide us, if hired with a criminal back ground check? _____

Have you been convicted of a crime other than a minor traffic violation? _____

If Yes, please explain: _____

EDUCATION:

Did you graduate from high school or receive a GED Certificate? _____

Highest Grade/Level completed: _____

High School Attended: _____

College Attended: _____

What kind of certification or diploma obtained _____

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Application for Employment, Continued...

Full Name: _____
Last First Middle

EMPLOYMENT HISTORY:

Name of Present/last Employer _____

Address _____

Period of employment From _____ To _____

Type of Business _____

Reason for Leaving _____

Duties/Responsibilities _____

Name of Present/last Employer _____

Address _____

Period of employment From _____ To _____

Type of Business _____

Reason for Leaving _____

Duties/Responsibilities _____

Name of Present/last Employer _____

Address _____

Period of employment From _____ To _____

Type of Business _____

Reason for Leaving _____

Duties/Responsibilities _____

CONSENT AND AUTHORIZATION FOR REFERENCE CHECK:

I authorize Family Circle Home Care to contact the following individuals/or business listed below for the purpose of obtaining reference information. These individuals/or business are authorized to disclose such information.

Name	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that the information above is true to the best of my knowledge and I also understand that any false information may disqualify me from employment or may cause termination from the company.

Signature _____ Date _____

Submit to Family Circle Home care by faxing it to 248.461.6979