

# OPTIMAL CARE, INC.

## APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications, and to determine if such position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of the company and you will be expected to assist in all such duties requested.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, height, weight, national origin, age, marital or veteran status, arrest record, or the presence of a medical condition or handicap or any category protected by Michigan state or federal law.

### PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, date(s) \_\_\_\_\_

Supervisor Name(s): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, date(s) \_\_\_\_\_

List any friends, acquaintances or relatives working here: \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

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

### EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_

Kind of work sought: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Contingent \_\_\_\_\_. If Part-time or Contingent, please specify hours and days desired \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an undue hardship on the employer.

With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying the Company in writing of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the person with a disability, however, this does not waive your rights under the Americans With Disabilities Act of 1990, as amended.

**COMPLETE EMPLOYMENT HISTORY** (List current or most recent job first; add additional pages if necessary)

Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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**EDUCATION**

	Name / Location	Years Completed	Diploma / Degree	Courses of Study
High School				
College			Year of Degree:	
Graduate			Year of Degree:	
Vocational Training			Year of Degree:	

Any other educational training/licenses/certifications/qualifications: \_\_\_\_\_

Experience with office/business equipment/systems, etc. (e.g. computers, software programs, copiers): \_\_\_\_\_

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**REFERENCES** (Do not include relatives)

	Name	Address	Phone Number	Relationship	Years Known
1					
2					
3					

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**MILITARY SERVICE RECORD** (Optional)

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes \_\_\_\_ No \_\_\_\_

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes \_\_\_\_ No \_\_\_\_ If yes, date obligation ends: \_\_\_\_\_

Special/technical training: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Have you been convicted of a felony or are there any felony charges pending against you? Yes \_\_\_\_ No \_\_\_\_

If so, where, when and nature of offense: \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status: \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application: \_\_\_\_\_

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**IMPORTANT**

Name, address, and telephone number of the person(s) to be notified in the event of accident or emergency:

Full Name	Address	Day/Evening Telephone	Relationship (optional)

**[\*IMPORTANT-To validate this application, all applicants must read the following and acknowledge the same by signing below.]**

**AUTHORIZATION AND UNDERSTANDING** Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize the Company to verify any of the information concerning my employment, education, licensing background or credit history with the appropriate individuals, companies, institutions or agencies, and to conduct a criminal history background check, and I authorize them to release such information as the Company requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize the Company to release any information (excluding medical information) requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Company and such other third parties from any liability whatsoever as a result of any such inquiries and disclosures except as prohibited by law. I agree that any false or incomplete information that causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by the Company may be contingent upon the results of a physical examination and drug test satisfactory to the Company in its sole discretion and upon my acceptance of such offer of employment I authorize and consent to such examination, and drug test. I understand that the results of such examination and drug test shall be maintained on separate medical forms and in medical files and that such confidential information shall only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to Human Resources Department or the Company's legal representatives as required in the ordinary course of business.

**I agree that my employment, if hired by the Company, is "at-will" and either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this policy may only be altered in writing directed to me personally and signed by the President of the Company.** I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time implemented, modified or changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the President of the Company.

**I agree that any action (excluding governmental, statutory administrative proceedings) or suit against the Company arising out of or related to my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought, if at all, within the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred.** I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable statutes or regulations that may extend this period as provided by law. I acknowledge that this 180 day limitation on actions forms an Agreement between myself and the Company and may not be unilaterally modified.

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Signature

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Date

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**DO NOT WRITE BELOW THIS LINE**