

ASANPEE CARE INC
EMPLOYMENT APPLICATION

ITEMS FOR EMPLOYMENT:

- 1. Application Form**
- 2. Two forms of Identity**
- 3. Police Report**
- 4. Finger Printing**
- 5. Drivers Clearance**
- 6. Consent form**
- 7. Training Certificates**
- 8. CPR and First Aid Cards**
- 9. Diploma**
- 10. Current Physical verification with T B Test.**
- 11. Two References**
- 12. At-Will Status of Employment**
- 13. Conditional Job Offer**
- 14. Policies and Procedures form**
- 15. Vaccination Declination Form**
- 16. Statement of Drivers Responsibility Form**
- 17. Job Description (Live-In and Hourly Staff)**
- 18. Form 1-9 Forms (Immigration Work Authorization)**
- 19. Tax Forms for Withholdings (State & Federal)**

Do you have any relatives or spouse employed by *Asanpee Care, Inc.* [] Yes [] no

If yes, please provide names: _____

Name and address of a person to be notified in case of an emergency:

Name: _____

Phone #: _____ Relationship; _____

Have you ever been convicted of a crime? [] Yes [] No
(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? [] Yes [] No

Have you ever worked for *Asanpee Care Inc.* in the past? [] Yes [] No

If so did you work under a different name? [] Yes [] No

If yes, is any additional information relative to a different name necessary to check your work record? [] Yes [] No

If yes, please explain; _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? [] Yes [] No DL#: _____

Section III: Availability and Interests in Work

For which position have you applied: _____

Have you been given a job description for this position? [] Yes [] No

Are you interested in full- time or part- time work? [] Full-time [] Part-time

What shifts are you available to work? [] Morning, []Afternoon [] Evening
or any available shift? [] yes

On what date are you available to start work? _____

Section IV: Education

High School attended: _____

Location, (City/ State) _____

Did you graduate? Yes No.

If yes what degree(s) did you obtain? _____

Collage or University,(Name) _____

Address: _____
State city/zip

Did you graduate? Yes No

If yes, what degree(s) did you obtain? _____

Professional School: _____

Address: _____
State city/zip

Did you graduate? Yes No

If yes, what degree(s) or certificate(s) did you obtain? _____

Section V: Employment History

(Please start with most recent employer)

Company Name: _____ Phone #: _____

Address: _____

city State zip/code
Employment dates (month/year): From: _____ To: _____

Position/ Title; _____ (Hourly Pay) Start: \$ _____ Last: \$ _____

Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Phone #: _____

Address: _____

city State zip/code
Employment dates (month/year): From: _____ To: _____

Position/ Title; _____ (Hourly Pay) Start: \$ _____ Last: \$ _____

Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Phone #: _____

Address: _____

city State zip/code

Employment dates (month/year): From: _____ To: _____

Position/ Title; _____ (Hourly Pay) Start: \$ _____ Last: \$ _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact your current supervisor or manager? [] Yes [] No

If No, why? _____

If yes, who do we call? _____

Name

phone#

Have charges ever been substantiated against you in a Department of Commerce, Department of Consumer and Industry Services or Department of Social Services/Human Services Adult Foster Care Licensing investigation? [] Yes [] No

If yes, explain; _____

Section VI: References

Give the names of two (2) Personal references not related to you, whom you have known at least one year:

1. Name: _____

Last

first

Address; _____

Phone#: _____ Years known: _____

2. Name: _____

Last

first

Address; _____

Phone#: _____ Years known: _____

Give the names of two (2) Professional references from Supervisors, Managers, Administrators or Executive Directors FOR WHOM YOU HAVE WORKED:

1. Name: _____

Last

first

Address; _____

Phone#: _____ Years known: _____

2. Name: _____

Last

first

Address; _____

Phone#: _____ Years known: _____

Section; VII Consent

I hereby give you my permission to conduct the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release *Asanpee Care, Inc.* and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personal file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to *Asanpee Care, Inc.* I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portion of this application to representatives of the Department of Human Services, Department of Community Health, Local Community Mental Health entities or other governmental Agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release *Asanpee Care, Inc.* the Department of Human Services, Department of Community Health, Local Community Mental Health entities or other governmental Agencies or private agencies, from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature: _____ Date: _____

I certify that all of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation and omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

Applicant Signature: _____ Date: _____

ASANPEE CARE INC.
AUTHORIZATION AND RELEASE

I voluntarily and knowingly authorize any former employer, person, firm, corporation, schools, various governmental agencies, office of Recipient Right, its officers, employees and agents to release any and all information concerning any former employment to *Asanpee Care Inc.* its officers and agent or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but not limited to substantial recipient right violation, performance evaluation, and reports, job description, disciplinary reports letter of reprimand, and opinion regarding my suitable position for employment and continued employment possessed-by it.

I voluntary and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, Office of Recipient Rights, persons, Firm Corporation, schools, or Governmental Agency, its officers, employees and agents from any and all claims, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated, or unanticipated, arising from or incident to the disclosure or release.

Applicant signature: _____ Date: _____

Social security#: _____

EMPLOYMENT REFERENCE CHECK:

Name of applicant: _____

Position applied for: _____

Former Employer: _____ PH #: _____
Name

Date hired: _____ Last day worked: _____

Position: _____ Pay rate: \$ _____

Eligible for rehire: [] Yes [] No. Please comment: _____

Person giving reference: _____
Name Phone #

Type of reference: _____

Please mail reference back to, Asanpee Care Inc, P.O. BOX 85766 Westland MI 48185
Or fax to: (734) 338-9155.

FOR OFFICE USE ONLY:

Reference checked by: (name) _____ Date: _____

Hired [] yes [] No

Section VIII: At – Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of *Asanpee Care Inc.* I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of *Asanpee Care Inc.* or myself.

Applicant signature: _____ Date: _____

Employer signature: _____ Date: _____

Date: _____

CONDITIONAL JOB OFFER

It is the policy of this organization to issue a written conditional job offer based on several contingencies, including but not limited to the following:

This offer is conditional upon successful verification and/or completion of the employee's reference checks, education, employment experience, licenses, certifications, state police criminal history record check, fingerprinting, FBI background check, driver's license check and other screening procedures used to assess the applicant's good moral character and overall suitability to be employed for this position.

The offer of employment is also conditioned upon the successful compilation of health screening including but not limited to a pre-employment physical, TB test and substance screen test. Such health screenings will be conducted at a health care facility, clinic or health care professional office selected by *Asanpee Care Inc.* the cost associated with these screenings will be paid directly by *Asanpee Care Inc.*

Additionally, this conditional job offer is contingent upon the applicant's ability to submit appropriate documentation establishing his/her identity and his/ her right to be lawfully employed in the United States as determined by the Immigration Reform and Control Act of 1989.

Any information gathered from the background check screening and health screening shall be kept confidential and disclosed only to *Asanpee Care Inc.* Personnel involve involved in hiring decisions. The information may also be disclosed to state and federal agencies as authorized by state or federal law.

Finally, this conditional offer of employment is contingent upon the Employer's ability to verify the accuracy and truthfulness of all of the information provided on the job application and throughout the hiring process.

Asanpee Care Inc. is an equal opportunity employer and it will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or veteran status in the hiring of employees.

This conditional job offer is also conditioned upon the applicant's full cooperation with the production of references, obtainment of signed releases, consent forms, criminal history records, fingerprints and the obtainment of any other information required by Employer policy or state or

federal law. Failure to comply fully with all of the requirements within 10 business days will result in the automatic withdrawal of this offer.

This conditional job offer does not alter in any way the at-will status of employment..

Applicant signature: _____ Date: _____

Employer Signature: _____ Date: _____

ASANPEE CARE INC.

**FORM OF VERIFICATION OF POLICIES AND PROCEDURES
AND REVIEW OF LICENSING STATUE AND RULES**

Pursuant to Consumer and industry Department Regulation R. 400. 15207 (2), I state that I have received a copy of *Asanpee Care Inc.'s* written POLICIES and PROCEDURES as they related to mandatory reporting, including reporting, that is required by law; residents care related prohibited practices; confidentiality requirements, including requirements specified in law; training requirement; resident rights; the process for reviewing the licensing statue and administrative rules.

I state I have received the Adult Foster Care Facility Licensing Act and administrative rules and understand my responsibilities in regards to Personal Care, supervision, and protection as defined in the Adult Foster Care facility licensing Act.

I understand that that if I have any question I will ask the administrator or Home Manager.

Applicant Signature : _____ Date: _____

Employer signature: _____ Date: _____

ASANPEE CARE INC

VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee signature: _____

Employer signature: _____

ASANPEE CARE INC.
STATEMENT OF DRIVERS RESPONSIBILITY

As an employee of *Asanpee Care Inc.* I understand that I will be required to drive the employer's vehicle while on duty, or may need to use my own vehicle to conduct business for *Asanpee Care Inc.* and that I must maintain a safe driving record for satisfactory job performance.

Please check one:

I am in compliance with the uniform policy for staff and drivers.

I am not in compliance with the uniform policy for staff and drivers.

If not in compliance, state why; _____

By signing this statement I verify that I have read and understand the uniform policy for staff and drivers. I certify that I am in compliance with the policy and consent to allow *Asanpee Care Inc.* to verify this statement.

If not in compliance with the uniform policy for staff and drivers, I will disclose my driving record to *Asanpee Care Inc.* and I understand that I may not be hired, or if employed by *Asanpee Care Inc.* my employment may be terminated upon verification of my driving record. I understand that determination of safe driving may include annual or periodic reviews of my Master Driving Record on file with the Michigan Department of State.

I agree to advise *Asanpee Care Inc.* of any traffic tickets or other citations involving an automobile for which I am found to be responsible, at fault, or guilty. I also understand that this policy may be altered, modified, or deleted at the sole option of *Asanpee Care Inc.* and agree to follow any changes made upon notice from *Asanpee Care Inc.*

Employee name: _____

Employee signature: _____ Date: _____

Position: _____