



# PRIMARY HOME CARE - Application for Employment

*Employment Record*

Starting with present or most recent, list all previous employers. Include self-employment and part-time job  
You may attach a resume, but complete this application as we

Last/Present Company	Type of Business	Job Title	Job Duties
Street Address		Phone Number	
City	State	Zip	
Supervisor's Name		Dates Worked	
		From;	To;
Reason for Leaving			
Company	Type of Business	Job Title	Job Duties
Street Address		Phone Number	
City	State	Zip	
Supervisor's Name		Dates Worked	
		From;	To;
Reason for Leaving			
Company	Type of Business	Job Title	Job Duties
Street Address		Phone Number	
City	State	Zip	
Supervisor's Name		Dates Worked	
		From;	To;
Reason for Leaving			
<i>Military Record</i>			
Branch of Service;		Present Military Affiliation;      None      Reserve (active)      (inactive)	
Training/Duty Experience;			

**You MUST have a cellular telephone, home telephone, or pager, and reliable transportation.**

**You MUST be available one (1) weekend per month AT ALL TIMES to maintain employment.**

You are an at-will employee of this company, and the president, or any officer of the company, may terminate your employment at any time, without cause.

Applicant's Signature; \_\_\_\_\_

Date; \_\_\_\_\_

# Work Reference # 1

Primary Home Care  
300 St Andrews, Suite 408  
Saginaw, Michigan 48638  
(989) 793-6674  
(989) 793-7521 fax

Date \_\_\_\_\_  
Applicant \_\_\_\_\_  
Position \_\_\_\_\_

Dear Sir or Madam:

The above named applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it at your earliest convenience. Thank you in advance for your co-operation

Sincerely  
Shelley Vasey  
Manager

<i>Applicant</i>	<i>Reference (previous) Company # 1</i>
Name	Name
Street Address	Street Address
City State Zip	City State Zip
S.S. #	Supervisor's Name
Dates of employment	Phone #

*Please be sure to list any and all names used at the above company*

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### Authorization to Release Information

I have been asked to supply information regarding my past employment and qualifications.  
I authorize you to provide any information and release you from any damages that may result from providing such information.

Signature; \_\_\_\_\_

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Are the dates given above accurate?	Yes	No
The applicant was employed in what position	_____	_____
Did the applicant give adequate (2 weeks or more) notice before leaving?	Yes	No
Would this applicant be eligible for re-hire?	Yes	No

Signature; \_\_\_\_\_  
Title; \_\_\_\_\_

Date; \_\_\_\_\_

## Work Reference # 2

Page 4

Primary Home Care  
300 St Andrews, Suite 408  
Saginaw, Michigan 48638  
(989) 793-6674  
(989) 793-7521 fax

Date \_\_\_\_\_  
Applicant \_\_\_\_\_  
Position \_\_\_\_\_

Dear Sir or Madam:

The above named applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it at your earliest convenience. Thank you in advance for your co-operation

Sincerely  
Shelley Vasey  
Manager

<i>Applicant</i>	<i>Reference (previous) Company # 2</i>
Name	Name
Street Address	Street Address
City State Zip	City State Zip
S.S. #	Supervisor's Name
Dates of employment	Phone #

*Please be sure to list any and all names used at the above company*

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### Authorization to Release Information

I have been asked to supply information regarding my past employment and qualifications.  
I authorize you to provide any information and release you from any damages that may result from providing such information.

Signature; \_\_\_\_\_

---

Are the dates given above accurate?	Yes	No
The applicant was employed in what position	_____	_____
Did the applicant give adequate (2 weeks or more) notice before leaving?	Yes	No
Would this applicant be eligible for re-hire?	Yes	No

Signature; \_\_\_\_\_  
Title; \_\_\_\_\_

Date; \_\_\_\_\_

## Work Reference # 3

Primary Home Care  
 300 St Andrews, Suite 408  
 Saginaw, Michigan 48638  
 (989) 793-6674  
 (989) 793-7521 fax

Date \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Position \_\_\_\_\_

Dear Sir or Madam:

The above named applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it at your earliest convenience. Thank you in advance for your co-operation

Sincerely  
 Shelley Vasey  
 Manager

<i>Applicant</i>	<i>Reference (previous) Company # 3</i>
Name	Name
Street Address	Street Address
City State Zip	City State Zip
S.S. #	Supervisor's Name
Dates of employment	Phone #

*Please be sure to list any and all names used at the above company*

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### Authorization to Release Information

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 I authorize you to provide any information and release you from any damages that may result from providing such information.

Signature; \_\_\_\_\_

Are the dates given above accurate?	Yes	No
The applicant was employed in what position	_____	
Did the applicant give adequate (2 weeks or more) notice before leaving?	Yes	No
Would this applicant be eligible for re-hire?	Yes	No

Signature; \_\_\_\_\_  
 Title; \_\_\_\_\_

Date; \_\_\_\_\_

