

Family Care Network, Inc. EMPLOYMENT APPLICATION

13967 Farmington Road
 Livonia, MI 48154
 (734)266-1421
 Fax (734)266-1422

PERSONAL DATA

LAST NAME		FIRST	MIDDLE
ADDRESS NUMBER & STREET		CITY	STATE ZIP
SOCIAL SECURITY NUMBER		HOME PHONE	BEST TIME TO CALL
DATE AVAILABLE FOR WORK		ALTERNATE PHONE (WHO)	BEST TIME TO CALL

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? YES NO

(PROOF WILL BE REQUIRED UPON EMPLOYMENT)

ARE YOU WILLING TO WORK EVENINGS, WEEKENDS AND/OR OVERTIME? YES NO

TYPE OF WORK DESIRED (*CHECK ALL THAT APPLY*) FULL TIME PART TIME TEMPORARY
 DAYS NIGHTS WEEKENDS

POSITION(S) APPLIED FOR: _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS AGENCY? YES NO

IF ANSWER IS YES, PLEASE GIVE DATES: _____

SOME POSITIONS AT FAMILY CARE NETWORK, INC. REQUIRE THAT YOU HAVE A VALID UNRESTRICTIVE DRIVER'S LICENSE AND AN INSURED AUTOMOBILE TO USE FOR WORK. IF THE BOX BELOW IS CHECKED, PLEASE PROVIDE THE REQUIRED INFORMATION.

DRIVER'S LICENSE NUMBER _____
 STATE _____ EXPIRATION DATE _____
 AUTOMOBILE _____ AUTO INSURANCE CO. _____

HAVE YOU BEEN CONVICTED OF A FELONY OR LISTED AS A PERPETRATOR OF CHILD ABUSE/NEGLECT? (*A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT*) YES NO

IF YES, PLEASE EXPLAIN _____

WHAT LED YOU TO APPLY HERE?

SCHOOL PLACEMENT WALK IN
 ADVERTISEMENT AGENCY EMPLOYEE, WHO? _____
 STATE UNEMPLOYMENT EMPLOYMENT AGENCY, WHICH? _____
 OTHER (PLEASE EXPLAIN)

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

EDUCATION

NAME, CITY & STATE OF SCHOOL	COURSE OF STUDY	GRADUATE YES NO	IF NO DEGREE CREDITS EARNED	TYPES OF DECREE RECEIVED/EXPECTED	DATE
HIGH SCHOOL					
TECHNICAL/VOCATION AI/ GED/OTHER					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
WHAT FOREIGN LANGUAGE(S) DO YOU					
READ _____		WRITE _____		SPEAK _____	

ACTIVITIES AND ACHIEVEMENTS

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS.

(YOU MAY EXCLUDE MEMBERSHIPS, WHICH COULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE OR OTHER PROTECTED STATUS)

LIST ACCOMPLISHMENTS, AWARDS, SKILLS, TRAINING AND/OR OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER.

REFERENCES

LIST THREE PROFESSIONAL REFERENCES WHO ARE NOT FORMER EMPLOYERS OR RELATIVES WHO WE MAY CONTACT.

NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION AND UNDERSTANDING

PLEASE READ CAREFULLY AND SIGN/DATE BELOW

Disabled employees and applicants may request an accommodation of their handicap by notifying FCN, Inc. in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify FCN, Inc. may preclude any claim that the employer failed to accommodate the disability.

I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Plawecki Employee Right-To-Know Act.

I certify that the information in this Application is correct to the best of my knowledge and understand that falsification, misrepresentation, or omission of this information may result in rejection of this application or immediate dismissal if I am hired.

I authorize FCN, Inc. to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, FCN, Inc. has my permission to contact persons who may have information relating to my qualifications for employment. I agree to release FCN, Inc. and all parties from any liability from any damages that may result from furnishing such information.

In consideration of my employment, I agree to conform to the rules and regulations of FCN, Inc. and I agree that my employment relationship is At-Will and that my employment and compensation can be terminated with or without cause or without notice at the option of either FCN, Inc. or myself. I understand that no officer or representative of FCN, Inc. has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless I have a signed writing signed by the President and directed to me personally. I further acknowledge that no one has made any representations or statements contrary to FCN, Inc.'s At-Will Policy to me either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

I further agree that any and all legal action or suit against FCN, Inc. arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

I understand and agree to the terms of each and all of the above statements.

DATE	SIGNATURE

FAMILY CARE NETWORK, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

As an applicant for employment or a current employee of FCN, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, FCN may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: 1) considering your application for employment, 2) making a decision whether to offer you employment, 3) deciding whether to continue your employment (if you are hired), or 4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as FCN.

A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reporting on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize FCN to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency, and to consider this information when making decisions regarding my employment at FCN. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature _____

Date _____

FAMILY CARE NETWORK, INC.

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

By signing this document, Family Care Network discloses to you that a consumer report including driving record, criminal background checks (Michigan and National), and verification of educational credentials will be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

Consumer reports are defined to include information not only relating to credit standing of an individual but also character, general reputation, personal characteristics and mode of living.

Under the Fair Credit Reporting Act, driving records, conviction records and other records obtained for employment purposes are considered consumer records.

The Fair Credit Reporting Act (FRCA) authorization includes language about credit reports. Family Care Network does check credit reports or anything that pertains to your credit when being considered for employment.

If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Family Care Network to procure consumer reports at any time during my employment period.

AUTHORIZATION:

Candidate's Signature:

Date: _____

FAMILY CARE NETWORK, INC.
VOLUNTARY AFFIRMATIVE ACTION FORM

We consider all applications for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis on any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may or may not apply, we invite you to complete this application data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

APPLICANT INFORMATION

Name _____
 LAST FIRST MIDDLE

Telephone _____

Address _____
 STREET CITY STATE ZIP CODE

Gender: Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

- A. White (not of Hispanic origin) _____
- B. African American (not of Hispanic origin) _____
- C. Hispanic _____
- D. Asian or Pacific Islanders _____
- E. American Indian or Alaskan Native _____

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

___ Vietnam Era Veteran ___ Other Military Veteran ___ Disabled Veteran ___ Individual

This form is to be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation