



New Employee Information

Generations Home Care Group

Personal Information: Name: Male Female

Social Security Number:

Date of Birth: Hire Birth: Start Date:

Address:

City: State: Zip:

Cell Phone Number: Emergency Number:

Email:

FOR OFFICE USE ONLY: =====

- Location:
- 1A1 Generations- Private Duty
 - 1A2 Generations LLC – Medicare
 - 001 GHCG Corp. Internal
 - 002 Private Duty Nursing A
 - 003 Senior Home Care/Residential
 - 004 BELLAIRE – Senior Home Care/Apts
 - 2A1-Generations grp/Private duty- Ad
 - 2A2-Gen. LLC-Medicare, Admin/office
 - 012- Private Duty - CMH
 - CNA
 - HHA
 - LPN
 - RN
 - 005 Family Support Services
 - 006
 - 009 Private Duty Nursing B

- Payroll Information: Check all that apply:
- Full-time
 - Hourly
 - Part-time
 - Salary exempt
 - Temp
 - Salary-non-exempt
 - Per-Hour
 - Annual Salary
 - Per-Visit
- Pay – Rate:

- Equal Employment Opportunity Information: Check One:
- American Indian or Alaskan Indian
 - Asian
 - Black or African American
 - White
 - Hispanic or Latino
 - Two or more races
 - Pacific Islander
 - Unknown

- Job Code: Check one:
- Med Del
 - Admin
 - Bus Dev
 - Comm Lia
 - GM
 - Off Mgr
 - Staffing
 - Sup Adm
 - Svce Tech
 - LPN
 - RN
 - CMA
 - MA
 - OT
 - PCT
 - Dietician
 - PD Mgr
 - PT
 - SocWrk
 - CENA/CNA
 - NUR Mgr
 - Mktg
 - CHHA
 - Speech

Signature Title Date

Application for Employment

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. All employees are subject to Form I - 9 Employment Eligibility Verification and Social Security Number Verification upon hire

<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Date	Position Applied For		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Applicant Last Name	First Name	Middle Name	Social Security Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address	City	State	Zip
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Township/Locality	County	E - mail address	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Home Phone	Cell Phone	Alternate Phone	
<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd	<input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd		
Shift Preference (select one)	Shifts available to work (select all that apply)		

Emergency Notification

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name	Home Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address	Cell Phone

Military Record ~

Did you serve in the United States military? Yes No

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Branch of Services	Dates: From	Dates: To
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Rank	Occupation	

Education

Check Highest Grade Completed In Each School Category Below:

High School	Tech School	College	Graduate School
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Type of School	School Name & Location	Graduated Yes/No	Major	Degree
Senior High School	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
College	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Technical School	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Graduate School	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other / Certifications	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Employment History

Please list all jobs held in the past ten (10) years starting with your present or last job. Attach additional sheets if necessary.

Employer (Current or Most Recent) Start Date Phone Address Job Title & Duties Reason for Leaving	<input type="text"/>	Supervisor End Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Compensation	Starting: \$ <input type="text"/>
		Ending: \$ <input type="text"/>	
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			

Employer (Previous #1) Start Date Phone Address Job Title & Duties Reason for Leaving	<input type="text"/>	Supervisor End Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Compensation	Starting: \$ <input type="text"/>
		Ending: \$ <input type="text"/>	
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			

Employer (Previous #2) Start Date Phone Address Job Title & Duties Reason for Leaving	<input type="text"/>	Supervisor End Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Compensation	Starting: \$ <input type="text"/>
		Ending: \$ <input type="text"/>	
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			

Employer (Previous #2) Start Date Phone Address Job Title & Duties Reason for Leaving	<input type="text"/>	Supervisor End Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Compensation	Starting: \$ <input type="text"/>
		Ending: \$ <input type="text"/>	
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No			

Professional References Familiar with Your Work ~ (Supervisors/Managers)

Supervisor/Manager Name	Title/Occupation	Company Name and E - mail Address	Phone
1.			
2.			
3.			

1. Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?	<input type="radio"/> Yes <input type="radio"/> No
2. Are you currently legally authorized to work in the United States for any employer without restrictions and without requiring immigration sponsorship?	<input type="radio"/> Yes <input type="radio"/> No
3. Are you currently on layoff status and subject to recall?	<input type="radio"/> Yes <input type="radio"/> No
4. Are you 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No
5. Salary requirements: \$ <input style="width: 50px;" type="text"/> per <input style="width: 50px;" type="text"/>	\$ <input style="width: 30px;" type="text"/> per <input style="width: 30px;" type="text"/>
6. On what date will you be available for work?	<input style="width: 100px;" type="text"/>
7. Do you have a valid driver's license? <i>If yes, state DL number & issuing state below:</i>	<input type="radio"/> Yes <input type="radio"/> No
8. Driver's License Number: <input style="width: 150px;" type="text"/>	State <input style="width: 50px;" type="text"/>
9. Do you currently have any restrictions on your driver's license that would impair your ability to drive during the course of your employment? <i>If yes, please describe current restrictions in #10 below:</i>	<input type="radio"/> Yes <input type="radio"/> No
10.	
11. Do you have a commercial driver's license? Class <input style="width: 80px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
12. Do you have reliable transportation?	<input type="radio"/> Yes <input type="radio"/> No
13. Distance willing to travel to a job site one way: Miles <input style="width: 80px;" type="text"/> Hours <input style="width: 80px;" type="text"/>	

READ THIS SECTION CAREFULLY BEFORE ANSWERING THE NEXT QUESTIONS:

CRIMINAL BACKGROUND – STATE SPECIFIC NOTICES:

Baltimore, MD Applicants: Do not answer the question below unless: (1) you are applying for a position for which the employer is required by state or federal law to inquire about your criminal history; or (2) you are applying for a position at a facility or with an employer that provides programs, services, or direct care to minors or vulnerable adults.

Buffalo, NY Applicants: Do not answer the question below (1) unless you are applying for a position that requires a license and the trade or licensing body asks the same question; (2) except to disclose any convictions or violations that would bar your employment in the position for which you are applying under state or federal law; or (3) unless you are applying to a position with a school or other facility that provides care or supervision to children, young adults, senior citizens, or the physically or mentally disabled.

California Applicants: Do not identify convictions under California Health & Safety Code §§1 1357(b) or (c) , 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 , related to marijuana offenses that occurred two (2) or more years before the date of this application. Also , do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated , any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, or any referral to or participation in a pre - trial or post - trial diversion program.

Chicago, IL Applicants: Do not answer the question below unless: (1) you are applying for a position for which the employer is required by state or federal law to exclude from employment applicants with criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act

Connecticut Applicants: Do not answer the question below unless: (1) you are applying for a position for which the employer is required by state or federal law to exclude from employment applicants with criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act

AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that Human Capital and/or affiliated companies may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize Human Capital and/or affiliated companies to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Human Capital and/or affiliated companies may terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at anytime during my employment.

If terminated, I authorize Human Capital and/or affiliated companies to use any information in its possession concerning me for reference purposes and/or if legally required to furnish information, including disclosure of information to any third party, future employer or prospective employer, without receiving any prior notice, and I release Human Capital and/or affiliates from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of Human Capital and/or affiliated companies and the direction of the work site employer(s). I understand and acknowledge that, if employed unless my employment becomes subject to collective bargaining agreement, my employment and compensation will be at the will of Human Capital and/or affiliated companies and can be terminated, with or without cause, and with or without notice, at anytime at the option of either Human Capital and/or affiliated companies or myself. I further understand and agree that no manager, representative, agent or employee of Human Capital and/or affiliated companies, other than the Chief Executive Officer or President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by myself, the President, and the Chief Executive Officer of Human Capital in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is received. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations at the employer's discretion and expense. I agree that any action or suit against the company 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 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Applicant's Signature

Date

Please Print Name

HUMAN CAPITAL AND/OR AFFILIATED COMPANIES IS AN EQUAL OPPORTUNITY EMPLOYER

Human Capital and/or affiliated companies is an Equal Opportunity employer and therefore complies with the laws prohibiting discrimination on such factors as race, color, religion, sex, national origin, marital or veteran status, and disability.

Under the Michigan Handicappers' Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose undue hardship upon the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

FOR OFFICIAL USE ONLY

INTERVIEWED BY

Date

REMARKS

HIRED

REFERRED BY

JOB TITLE

APPROVED

DEPARTMENT

CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS

ON SITE EMPLOYER COMPANY CODE

APPLICANT NAME OTHER NAMES YOU HAVE USED

DOB SS# RACE MALE FEMALE

DRIVER'S LICENSE NUMBER STATE ISSUED

LIST BELOW ALL ADDRESSES FOR THE LAST SEVEN YEARS STARTING WITH MOST CURRENT (ATTACH ADDITIONAL PAGE IF NECESSARY)

	STREET ADDRESS	CITY	STATE	ZIP	COUNTY	DATES
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that, as a condition of my employment, Human Capital, its parent and subsidiary companies, affiliates, and clients, including my work site employer, will use the services of a consumer reporting agency to verify the information on my employment application, and may, during my employment if hired, use the services of a consumer reporting agency for purposes of making an employment decision. If I start work before the investigation is completed, my employment will be contingent on the results.

I understand the investigation may include obtaining information covering up to the last seven years regarding my work habits, education, general reputation, personal characteristics, credit history, driving records, mode of living, government - issued licenses, judgment liens, and criminal background.

I understand such information may be obtained by direct or indirect contact from former employers, schools financial institutions, landlords and public agencies and through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have such knowledge. The information requested is required by law enforcement agencies and other entities for positive identification purposes and will not be used for any other purpose.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the fair credit reporting act.

I understand if I disagree with the accuracy of any information in the report, I must notify Human Capital within two days of the receipt of the report, that I am challenging information in the report. Human Capital will not make a final decision on my employment status until after I have had reasonable opportunity to address the discrepancy.

I hereby consent to this investigation and authorize Human Capital to procure a report on my background from a consumer reporting agency. I release Human Capital and any or all persons or entities providing information or reports about me from any liability arising out of the request or release of information.

Minnesota and California applicants only: If you want a copy of the reports, check this box
They will be sent to you at your most current address listed. They will be sent to you by the agency of your most current address listed.

EMPLOYEE SIGNATURE DATE

FOR WORKSITE EMPLOYER USE ONLY

Request Submitted By: Today's Date

A CRIMINAL HISTORY SEARCH WILL BE FOR A 7 - YEAR PERIOD BY JURISDICTION - * If less than a 7 - year criminal history is required, please circle only those numbers corresponding to the address above which you want checked:

1
 2
 3
 4
 5
 6
 7

Has a conditional job offer been made? Yes No Position offered/applied for:

For other items check here:

CREDIT MVR CRIMINAL STATEWIDE COUNTY FEDERAL EMPL* EDU

RETURN RESULTS BY FAX TO: @ FAX Phone #

Fax this form to @ FAX

*Please include Employment Application with ordering these items

FOR HUMAN CAPITAL USE ONLY	
DATE FORM WAS RECEIVED	<input type="text"/>
PROCESSED BY	<input type="text"/>
DATE	<input type="text"/>

AUTHORIZATION FOR DIRECT DEPOSIT

THIS AUTHORIZES HUMAN CAPITAL LLC. AND/OR AFFILIATED COMPANIES (THE "COMPANY") TO SEND CREDIT ENTRIES (AND APPROPRIATE DEBT AND ADJUSTMENT ENTRIES), ELECTRONICALLY OR BY ANY OTHER COMMERCIALYU ACCEPTED METHOD, TO MY (OUR) ACCOUNT(S) INDICATED BELOW AND TO OTHER ACCOUNTS I (WE) IDENTIFY IN THE FUTURE (THE "ACCOUNT"). THIS AUTHORIZES THE FINANCIAL INSTITUTION HOLDING THE ACCOUNT TO POST ALL SUCH ENTRIES.

FULL NAME

WORKSITE EMPLOYER EMAIL ADDRESS

ACCOUNT # 1

BANK NAME ACCOUNT 1 TYPE: CHECKING SAVINGS

BANK ROUTING NUMBER (ABA #) ACCOUNT #

% OR DOLLAR AMOUNT TO BE DEPOSITED TO THIS ACCOUNT

ACCOUNT # 2 (REMAINDER TO BE DEPOSITED TO THIS ACCOUNT)

BANK NAME ACCOUNT 1 TYPE: CHECKING SAVINGS

BANK ROUTING NUMBER (ABA #) ACCOUNT #

% OR DOLLAR AMOUNT TO BE DEPOSITED TO THIS ACCOUNT

DIRECT DEPOSIT CANCELLATION REQUEST

I, , WISH TO CANCEL MY DIRECT DEPOSIT FOR THE FOLLOWING:

BANK NAME ACCOUNT #

% OR DOLLAR AMOUNT TO BE DEPOSITED TO THIS ACCOUNT

AUTHORIZATION (ENTER YOUR COMPANY NAME IN THE BLANK SPACE BELOW)

THIS AUTHORIZES (THE "COMPANY") TO SEND CREDIT ENTRIES

(AND APPROPRIATE DEBIT AND ADJUSTMENT ENTRIES), ELECTRONICALLY OR BY ANY OTHER COMMERCIALYU ACCEPTED METHOD, TO MY (OUR) ACCOUNT(S) INDICATED BELOW AND TO OTHER ACCOUNTS I (WE) IDENTIFY IN THE FUTURE (THE "ACCOUNT"). THIS AUTHORIZES THE FINANCIAL INSTITUTION HOLDING THE ACCOUNT TO POST ALL SUCH ENTRIES. I AGREE THAT THE ACH TRANSACTIONS AUTHORIZED HEREIN SHALL COMPLY WITH ALL APPLICABLE U.S. LAWS. THIS AUTHORIZATION WILL BE IN EFFECT UNTIL THE COMPANY RECEIVES A WRITTEN TERMINATION NOTICE FROM MYSELF AND HAS A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE Date

PRINT NAME

***PLEASE SUBMIT A VOIDED CHECK FOR OUR RECORDS IF DEPOSITING IN CHECKING ACCOUNT**

FAX TO HUMAN CAPITAL: (248) 353-3829

Human Capital L.L.C.
2055 Crooks Road Level B
Rochester Hills, MI 48309
Phone: 888.PEO.9071 / 248.353.3444
Fax: 248.353.3829
E-mail: Payroll@human-capital.com

GLOBAL CASH CARD ENROLLMENT / CANCELLATION FORM

Card #

NEW CARD

REPLACEMENT CARD

CANCEL CARD

Global Cash Card – Account Owner Information

Subscriber Name (Last): (First): (M.I.):

Birthdate: Social Security: Government Issued ID #:

(i.e. Passport, Visa, Drivers License, State ID, etc)

Email Address (Optional):

(For Email notifications)

******Funds will be transferred at 100% of net pay.******

By signing this I certify that the information on this form is correct. I understand that there may be fees associated with using the card as a debit/credit card or in non-network ATM's. For more information, please call 248.353.3444 or 1.888.736.9071.

SIGNATURE OF EMPLOYEE DATE: PHONE

SIGNATURE OF HC REPRESENTATIVE DATE:

Internal Information (All fields must be completed by a company representative)	
Branch Name: META BANK	Routing #: 073972181
Form Processed By:	Notes: NO PRENOTES

Please fax signed enrollment form to: 248.353-3829 Attention: Payroll