



Employment Application

EMPLOYER USE ONLY

POSITION: _____

WAGE: _____ DATE: _____

DIRECT MANAGER'S SIGNATURE: _____

REGIONAL MANAGER'S SIGNATURE: _____

CareLinc Medical Equipment & Supply Co., L.L.C. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, disability, genetic information, height, weight, marital or veteran status or any other protected status in accordance with the requirements of applicable federal, state and local laws. CareLinc Medical Equipment & Supply Co., L.L.C. also provides reasonable accommodation for individuals with disabilities in accordance with applicable law.

PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE.

GENERAL

Name: _____
LAST FIRST M.I.

Present address: _____
NO. STREET CITY STATE ZIP

E-mail address: _____ Phone number: _____

Were you previously employed by us? YES NO If yes, when? _____ Date of separation: _____

How did you hear about us? _____

Position applying for: _____ Indicate hours and days of availability:
 or Any position available

Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____ Sunday _____
 Thursday _____ No Preference _____

Date available to begin work: _____

Are you currently authorized to be lawfully employed in the U.S.? <small>(Proof of eligibility will be required upon employment)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you now or at any time in the future require our sponsorship for a work visa or employment-based permanent resident status? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you were made a conditional offer of employment, are you willing to undergo a national criminal background check? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you entered into any form of restrictive covenant (non-compete agreement, non-solicitation agreement, confidentiality agreement, etc.) with any past or present employer, person or entity, which would prohibit or limit your ability to be employed by CareLinc Medical Equipment & Supply Co., L.L.C. or to fully perform the functions of the position for which you are applying? YES NO If "Yes," you will be required to furnish a copy of such agreement prior to any employment.

Emergency Contact: _____ Phone Number: _____

U.S. Military service? YES NO Branch/Rank: _____ List military duties/special training that may qualify you for employment: _____

EDUCATION

NAME OF SCHOOL AND CITY	LAST DATE ATTENDED	GRADUATED		MAJOR	DEGREE, DIPLOMA, OR CERTIFICATION AND DATE
		YES	NO		
HIGH SCHOOL				XXXXXXXXXX	
COLLEGE					
GED OR OTHER					
CERTIFICATIONS					

TRAINING

ADDITIONAL TRAINING COURSES
PROFESSIONAL CERTIFICATIONS OR LICENSES
SPECIAL SKILLS

EMPLOYMENT

Include all employment (and self-employment), starting with your current or most recent. You may also attach your resume stating all of the requested information. If you were unemployed for any time between any of the jobs listed below, indicate the dates of each period of unemployment and the reason.

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION EXPLAIN: _____ _____ _____ _____ _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS				
PHONE NUMBER				
JOB TITLE	RATE OF PAY	RATE OF PAY		
NAME OF SUPERVISOR				

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
NAME	FROM (MM/YY)	TO (MM/YY)		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION EXPLAIN: _____ _____ _____ _____ _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS				
PHONE NUMBER				
JOB TITLE	RATE OF PAY	RATE OF PAY		
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ADDRESS				
PHONE NUMBER				
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ADDRESS				
PHONE NUMBER				
JOB TITLE	RATE OF PAY	RATE OF PAY		
NAME OF SUPERVISOR				

REFERENCES

WHOM YOU HAVE KNOWN AT LEAST THREE YEARS THAT ARE NOT RELATED TO YOU AND BY WHO YOU ARE/WERE NOT EMPLOYED

NAME	ADDRESS	CONTACT NUMBER
NAME	ADDRESS	CONTACT NUMBER
NAME	ADDRESS	CONTACT NUMBER
NAME	ADDRESS	CONTACT NUMBER

Describe any other special training or qualifications relevant to the position for which you are applying: _____

APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT

1. CERTIFICATION OF TRUTHFULNESS

PLEASE READ CAREFULLY:

The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that this application must be fully and accurately completed, without omission and without evasion. I also understand that any misrepresentation of fact, as stated or implied, given in my application, interviews, or any other employment form or document provided to CareLinc Medical Equipment & Supply Co., L.L.C. ("CareLinc"), is sufficient reason not to hire me, or reason for dismissal if discovered during my employment. I also acknowledge that this application will only be considered for the first ninety (90) days after I apply. If I desire a position after this application expires, it will be my responsibility to fill out a new application and file it with CareLinc.

2. AUTHORIZATION FOR EMPLOYMENT/EDUCATION INFORMATION

I understand and agree that all information furnished in this application, including references, prior employment and education, may be investigated by CareLinc and/or its authorized agents, and I authorize CareLinc and its authorized agents to obtain additional background information, including but not limited to one or more consumer reports. I understand that any offer of employment is conditional based upon my successful completion of a background check and that any falsification or withholding of information may be grounds for withdrawing an offer of employment. I waive the right I may have to notice from any individuals or organizations named or referred to in this application prior to the release of any employment information to CareLinc. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization or credit reporting agency to give CareLinc all information that relates to or is requested during CareLinc's investigation, and I hereby release those individuals, organizations and CareLinc from any and all liability for any claim or damage resulting therefrom. Further, following the separation of my employment from CareLinc for any reason, I authorize CareLinc to use and/or disclose any information in its possession concerning me for reference or other purposes to any third party without receiving any prior notice, and I waive all Claims (defined below) in connection with such use and/or disclosure.

3. CARELINC RULES, POLICIES, PROCEDURES AND STANDARDS

I understand that, if hired, I am required to abide by all rules, policies, procedures and standards of CareLinc including, without limitation, those set forth in an Employee Handbook, as may be amended from time to time, or in any other communication to employees. I further understand that CareLinc's rules, policies, procedures and standards are subject to change without prior notice.

4. ANY EMPLOYMENT IS AT-WILL

I understand and agree that, if hired, my employment will be at-will, and either I or CareLinc may terminate my employment at any time, with or without cause and with or without notice. I understand and agree to the full extent provided by applicable law that no one at CareLinc has any authority to change this at-will arrangement except for the President of CareLinc, who may only do so in a written signed agreement.

5. PHYSICAL/MEDICAL EXAMINATION AND DRUG/ALCOHOL TEST

I consent to drug and alcohol testing as directed by CareLinc and understand that if I do not successfully complete the test that any job offer will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol or drug testing, random or otherwise, during my employment.

6. REQUEST FOR ACCOMMODATION

If I am a qualified individual with a disability or disabilities who requires a reasonable accommodation to perform my job and I work in Michigan, I agree that I must notify CareLinc of my need for the same within 182 days after I know or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that CareLinc has not accommodated me under applicable law.

7. SHORTENED PERIOD FOR FILING CLAIMS/APPLICABLE LAW

I understand and agree that any and all causes of action, lawsuits, damages, claims, and/or demands whatsoever relating to CareLinc, its affiliates, any successors, and/or involving any of their respective shareholders, owners, officers, directors, employees, agents, and/or representatives arising out of the employment application process, my employment and/or separation of employment including but not limited to those arising under any State or Federal civil rights statutes and those seeking collective or class relief (collectively, "Claims") must be brought, if at all, within six (6) months of the event or events from which the Claims arise but in no event more than six (6) months following the separation of my employment with CareLinc (or within the time frame provided by any shorter statute of limitations), or the Claims will be forever barred to the full extent permitted by applicable law. I waive any statutes of limitations to the contrary. Applicable law means Michigan law, regardless of any other conflict of law principles.

8. WAIVER OF COURT LAWSUIT AND JURY TRIAL/AGREEMENT TO ARBITRATION

I understand and agree that, to the full extent permitted by applicable law, I waive the right to file any and all Claims in Court, including waiving the right to have a jury trial, and agree that any Claims of any kind will be decided exclusively by final and binding arbitration before the American Arbitration Association ("AAA") under the then applicable Employment Arbitration Rules and Mediation Procedures and that a court of competent jurisdiction may enter a judgment on any such arbitration award.

I have read and understand this Acknowledgment and Agreement, agree that all terms stated herein are reasonable and certify my agreement to such by my signature below. Further, if I am submitting this Employment Application electronically, I agree that my electronic signature is just as binding on me as my actual handwritten signature would be.

Signature of Applicant: _____
Save completed application & e-mail to twarning@carelinmed.com
or turn-in at your nearest CareLinc location.

Date: _____
HRFM02111