

APPLICATION FOR EMPLOYMENT

MINNIE HAMILTON HEATH CARE CENTER, INC.

REFERENCES:	Name	Address & Phone

I hereby release from liability all representatives of MHHCC for their act performed in good faith and without malice in connection with the request for references, personal or work related, as a result of my seeking employment at MHHCC.

I further hereby release from any liability all individuals or organizations who, in good faith and without malice, provide information to MHHCC or its authorized representatives concerning my professional competence, character, and any other qualifications pertinent to a decision on my behalf.

I certify that my answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____