

Date: _____

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, or disability, or veteran status in the hiring, promotion, payment or discipline of employees.

If you are a person with a disability, you may request any needed, reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

NOTE: *We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices or terms, conditions, and privileges of employment.*

SECTION ONE: APPLICANTS PERSONAL INFORMATION

Name: _____ S.S. #: XXX-XX- _____ (Last 4 digits only)
(First) (Middle Initial) (Last)

Address: _____ City: _____

State: _____ Zip Code: _____ Phone/Cell Number: (____) _____ - _____

E-mail Address: _____

Position Applied For: _____

Do you currently have a valid Michigan driver's license? [] Yes [] No

Driver's License Number: _____

Are you 18 years of age or older? [] Yes [] No

Can you perform the duties of the job for which you are applying with or without accommodation? [] Yes [] No

If no, please explain: _____

Were you referred to our organization? [] Yes [] No If yes, by whom: _____

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, and 52 weeks a year. Availability for a variety of shifts is expected for continued employment. Please select your availability:

- Morning Shifts []
- Afternoon Shifts []
- Midnight Shifts []

Are you pursuing part-time or full-time employment? _____

Have you ever been convicted of a crime? [] Yes [] No

(Note: Affirmative answers to this question may not automatically preclude you from consideration for employment.) If yes, please explain: _____

Are there any felony charges pending against you? [] Yes [] No If yes, please explain: _____

Have you ever been administratively determined by a federal, state, or local governmental agency to have committed abuse or neglect? [] Yes [] No
If yes, when, where, and nature of the case: _____

Have charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services or Department of Social Services/Family Independence Agency adult foster care licensing investigation? [] Yes [] No
If yes, please explain: _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling consumer funds or any other recipient rights violations in an investigation by:
- Dept. of Commerce/Dept. of Consumer and Industry Services _____
- Dept. of Social Services/Family Independence Agency _____
- A local Community Mental Health Recipient Rights Office _____
- Any other recipient rights office _____
If yes was answered to any of the above, please explain: _____

Have you ever been employed by this organization before? [] Yes [] No
If yes, please state date and whether or not you were employed under a different name: _____

Please indicate the names of any relatives already employed by this organization: _____

Have you received MORC (Macomb Oakland Regional Center) part 1 training? [] Yes [] No

SECTION TWO: EDUCATION

High School Attended: _____ City/State: _____
Did you graduate? [] Yes [] No Did you obtain your GED? [] Yes [] No

Additional Education

<i>School</i>	<i>Address</i>	<i>Degree/Major</i>	<i>Graduation Date</i>

SECTION THREE: REFERENCES/EXPERIENCE

Personal References

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

Experience

<i>Employer</i>	
<i>Phone Number</i>	
<i>Job Position/Title</i>	
<i>Dates Employed</i>	
<i>Reason for Leaving</i>	

<i>Employer</i>	
<i>Phone Number</i>	
<i>Job Position/Title</i>	
<i>Dates Employed</i>	
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<i>Job Position/Title</i>	
<i>Dates Employed</i>	
<i>Reason for Leaving</i>	

I hereby give my permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release (Name of Employer) and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Dept. of Commerce/Dept. of Consumer and Industry Services, Family Independence Agency, Dept. of Community Health, and local Community Mental Health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release (Name of Employer), the Dept. of Commerce, Family Independence Agency, Dept. of Community Health, and local Community Mental Health agencies and other various governmental or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letter or reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

Signature

Date

I further understand that any dishonest, false, or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

Signature

Date

This application will be kept current for six months. You need to complete another application to be reconsidered after this date.