



# EMPLOYMENT APPLICATION

5420A Beckley Road, PMB 234, Battle Creek, MI 49015

Residential solutions for people with challenging needs

Ph: (269) 660-0854 Fax: (269) 660-0964

**PLEASE COMPLETE ALL QUESTIONS**

<p><b>We are an equal opportunity employer.</b> We will not discriminate against a person with a covered disability under the Americans with Disability Act in regards to employment practices, or terms, conditions, and privileges of employment. If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.</p>			
TODAY'S DATE		PHONE NUMBER (    )    (    )	
		ALTERNATE PHONE NUMBER (    )    (    )	
LAST NAME		FIRST NAME	
		MIDDLE INITIAL	
STREET ADDRESS		CITY	STATE
		ZIP CODE	
PREVIOUS ADDRESS		CITY	STATE
		ZIP CODE	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
		STATE OF DRIVER'S LICENSE	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:	
ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN ADMINISTRATIVELY DETERMINED BY A FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY TO HAVE COMMITTED ABUSE OR NEGLECT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			
ARE YOU ON A COURT-SUPERVISED PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:	
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 OR CHILD FOSTER CARE LICENSING INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			
HAVE CHARGES EVER BEEN SUBSTANTIATED AGAINST YOU FOR ABUSE, NEGLECT, EXPLOITATION, MISHANDLING RESIDENT FUNDS OR ANY OTHER RECIPIENT RIGHTS VIOLATIONS IN AN INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN REQUIRED BY ANY LICENSING BOARD OR PROFESSIONAL ETHICS BODY TO SURRENDER YOUR LICENSE, OR HAVE YOU EVER BEEN FOUND GUILTY OF PROFESSIONAL ETHICS CODE VIOLATIONS OR PROFESSIONAL MISCONDUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			
POSITION APPLIED FOR			
HAVE YOU RECEIVED A JOB DESCRIPTION FOR POSITION APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU PERFORM THE DUTIES OF THE JOB IN WHICH YOU WISH TO BE EMPLOYED, WITH OR WITHOUT ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU WANT FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU ACCEPT PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		NUMBER OF HOURS DESIRED PER WEEK: _____	
RATE OF PAY EXPECTED \$ _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		AVAILABLE START DATE IF HIRED?	

APPLICANT TIME AVAILABILITY  (Mark available times with an X)	DAY OF WEEK:							
	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	
	SHIFT							
	DAY (7:00 A.M. - 3:30 P.M.)							
	EVENING (3:00 P.M. - 11:30 P.M.)							
	NIGHT (11:00 P.M. - 7:30 A.M.)							
HAVE YOU EVER BEEN EMPLOYED BY HOMELIFE, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, GIVE DATES OF EMPLOYMENT AND LOCATION/POSITION HELD:				
LIST ANY RELATIVES WORKING FOR HOMELIFE, INC.:								
ARE YOU CURRENTLY CERTIFIED IN CPR? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE YOU CURRENTLY CERTIFIED IN FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU CERTIFIED OR HAVE YOU RECEIVED TRAINING IN CRISIS INTERVENTION PROCEDURES? <input type="checkbox"/> CERTIFIED <input type="checkbox"/> TRAINING <input type="checkbox"/> NO      DATE OF LAST TRAINING/CERTIFICATION:								
<b>EMPLOYMENT HISTORY</b> (List past and present employment beginning with most recent employment):								
COMPANY:		DATES OF EMPLOYMENT		PAY RATE		JOB TITLE AND RESPONSIBILITY		
ADDRESS, CITY, STATE:		From / /		At Start \$ _____ per Hr / Yr				
IMMEDIATE SUPERVISOR:		to / /		Upon Leaving \$ _____ per Hr / Yr				
WORK TELEPHONE ( )		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME						
REASON FOR LEAVING?								
COMPANY:		DATES OF EMPLOYMENT		PAY RATE		JOB TITLE AND RESPONSIBILITY		
ADDRESS, CITY, STATE:		From / /		At Start \$ _____ per Hr / Yr				
IMMEDIATE SUPERVISOR:		to / /		Upon Leaving \$ _____ per Hr / Yr				
WORK TELEPHONE ( )		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME						
REASON FOR LEAVING?								
COMPANY:		DATES OF EMPLOYMENT		PAY RATE		JOB TITLE AND RESPONSIBILITY		
ADDRESS, CITY, STATE:		From / /		At Start \$ _____ per Hr / Yr				
IMMEDIATE SUPERVISOR:		to / /		Upon Leaving \$ _____ per Hr / Yr				
WORK TELEPHONE ( )		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME						
REASON FOR LEAVING?								
ANY PERIODS OF UNEMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, PLEASE EXPLAIN AND GIVE DATES:				
HIGH SCHOOL & ADDRESS?				<input type="checkbox"/> GRADUATED <input type="checkbox"/> GED <input type="checkbox"/> NO DIPLOMA OR GED				
COLLEGE & ADDRESS?				DEGREE?		MAJOR/SPECIALITY?		
UNIVERSITY & ADDRESS?				DEGREE?		MAJOR/SPECIALITY?		

PLEASE LIST OTHER EXPERIENCES, TRAINING AND SKILLS WHICH YOU FEEL MAY BE AN ASSET (Example: computer skills, foreign languages, clerical,marketing, supervisor experience, etc.):

<b>PERSONAL REFERENCES:</b> NAME & ADDRESS:	PHONE NUMBER? (    )
NAME & ADDRESS:	PHONE NUMBER? (    )
NAME & ADDRESS:	PHONE NUMBER? (    )
<b>PROFESSIONAL REFERENCES:</b> NAME & ADDRESS:	PHONE NUMBER? (    )
NAME & ADDRESS:	PHONE NUMBER? (    )
NAME & ADDRESS:	PHONE NUMBER? (    )

HOW WERE YOU REFERRED TO HOMELIFE, INC.?  
 EMPLOYEE    FRIEND    JOB AD    SCHOOL    AGENCY    CONFERENCE    OTHER (Explain Below)

NAME OF REFERRING SOURCE/AGENCY/NEWSPAPER:

**Criminal Conviction Notice:** In accordance with Public Act 59: Persons convicted of a felony or an attempt or conspiracy to commit a felony within 15 years preceding date of application for employment; or persons convicted of a misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in Section 145m of the Michigan Penal Code, or a state or federal crime that is substantially similar to the type of misdemeanor identified above within the 10 years immediately preceding application for employment may not be considered for employment to provide services to Adult Foster Care residents.

An individual who knowingly provides false information regarding criminal conviction on a statement covered under this law is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500 or both.

***PLEASE READ THE FOLLOWING SECTIONS AND SIGN BELOW EACH:***

I hereby give you my permission to contact state or federal agencies, the above employers, references and educational institutions to verify the items listed above. I hereby release HomeLife, Inc., any state and federal agency used to verify the information on this application, and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing information to HomeLife, Inc. I 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 Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department 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 employment application. I hereby release HomeLife, Inc., the Department of Commerce, Family Independence Agency, Department of Community Health, the 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 HomeLife, Inc.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of 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 HomeLife, Inc.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that HomeLife, Inc. provides care for individuals living in adult foster care homes which operate 24 hours/7 days per week at multiple home locations and that, if I am employed by HomeLife, Inc., I may be scheduled to work any time or day of that week or shift, including holidays, and may be assigned to work at any HomeLife, Inc. home locations as needed or directed by HomeLife, Inc. management.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***HomeLife, Inc. wishes to express its appreciation to you for considering us as a potential employer.  
THANK YOU!***