

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:								
EMPLOYMENT HISTORY (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.):

PERSONAL REFERENCES: NAME & ADDRESS:	PHONE NUMBER? ()
NAME & ADDRESS:	PHONE NUMBER? ()
NAME & ADDRESS:	PHONE NUMBER? ()
PROFESSIONAL REFERENCES: 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!***