

# JOB APPLICATION

## Section 1: Equal Employment Opportunity Employer

Union Court Assisted Living is 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, disability or veteran status in the hiring, promotion, compensation 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.

## Section 2: Applicant's Personal Information

Name: \_\_\_\_\_  
(please print)

Present address: \_\_\_\_\_  
(please print)

Number	Street	
_____	_____	_____
State	Zip Code	City
_____	_____	_____

Phone: Home ( \_\_\_\_ ) - \_\_\_\_\_ Alternate/Cell: ( \_\_\_\_ ) - \_\_\_\_\_

Social Security Number: XXX-XX- \_\_\_\_ - \_\_\_\_ (last 4 digits only please)

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: \_\_\_\_\_

Do you have any relatives or a spouse employed by this organization?  Yes  No  
If yes, please provide names:

\_\_\_\_\_  
Name and address of a person to be notified in case of an emergency:

Name	Address
_____	_____
Phone	Alternate Phone
_____	_____

Have you ever been convicted of a crime?  Yes  No  
(Answering "yes" to this inquiry will not automatically disqualify you)

Are there any pending felony charges against you?  Yes  No  
(Answering "yes" to this inquiry will not automatically disqualify you)

Have you ever worked for this organization in the past?  Yes  No

If so, did you work under a different name?  Yes  No  
If yes, is any additional information relative to a different name necessary to check your work record?  Yes  No

If yes, please explain: \_\_\_\_\_  
If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?  
 Yes  No

### Section 3: Availability and Interests in Work

For which position have you applied: \_\_\_\_\_

Have you been given a job description for this position?  Yes  No

Are you interested in full-time or part-time work?  Full-time  Part-time

On which days and shifts are you available to work?

Monday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

On what date are you available to start work? \_\_\_\_\_

### Section 4: Education

#### High School

\_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate?  Yes  No

#### College

\_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate?  Yes  No

If yes, what degree(s) did you obtain? \_\_\_\_\_

#### Business or Trade School

\_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate?  Yes  No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

#### Professional School

\_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate?  Yes  No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

### Section 5: Employment History (Please start with present or most recent)

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay \_\_\_\_\_

Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay \_\_\_\_\_

Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Pay  
Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current supervisor or manager?  Yes  No  
If no, why? \_\_\_\_\_

If yes, who should we call? \_\_\_\_\_  
Name Title Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity?  
 Yes  No

**Section 6: References**

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

\*\*\*\*\*  
Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

\*\*\*\*\*  
Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

\*\*\*\*\*  
Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**Section 7: Professional Licenses, Certifications and Credentials**

Do you have any of the following licenses or certifications?

Certified Nurse Aid  Yes  No  
If yes, please indicate your license number: \_\_\_\_\_

Nursing License  Yes  No  
If yes, please indicate your license number: \_\_\_\_\_

Other job-related licenses, certifications or credentials  Yes  No  
If yes, please provide detail: \_\_\_\_\_

## Section 8: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Union Court Assisted Living and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Union Court Assisted Living, I hereby waive that obligation and expect no written notice of disclosure of my personal information.

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 representative of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application.

I hereby release Union Court Assisted Living, the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies 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, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that all of the information provided on this application is true, complete and correct. I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if this discovery is made after employment begins.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Section 9: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Union Court Assisted Living. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Union Court Assisted Living or myself.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.