

# Community Living Options

626 Reed Street  
Kalamazoo, MI 49001  
(269) 343-6355

## Application for Employment

|                      |            |                |          |
|----------------------|------------|----------------|----------|
| Position Applied For |            |                | Date     |
| Last Name            | First Name | Middle Initial |          |
| Address              | City       | State          | Zip Code |
| Telephone Number(s)  |            |                | E-Mail   |

Community Living Options is an Equal Opportunity Employer. It is the policy of this organization not to discriminate on the basis of race, ethnicity, religion, color, creed, national origin, sex, gender identity, sexual orientation, age, height, weight, marital status, handicap or political affiliation in the hiring, promotion, payment or discipline of employees. If you are a person with a handicap, you may request any reasonable accommodation to participate in the application or interview process. This request should be made in advance so we can make an accommodation. 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.

1. How did you learn about us ?

Advertisement                       Friend/Relative                       Walk-In  
 College Posting                       Employee                       Other

2. Are you currently employed?

If so, may we contact your present employer?  Yes  
 No

3. On what date are you available to work?                      \_\_\_/\_\_\_/\_\_\_

4. How many hours a week do you want to work?

Full Time (35+ hours per week) or  Part-Time    Would you accept Part-Time Hours?  Yes  No

5. Please indicate the **times** on each day of the week that you would be available to work:

|     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|

6. Have you filed a previous employment application with us?  Yes  No  
 If yes, give date(s): \_\_\_\_\_

7. Have you been previously employed with us?  Yes  No  
 If yes, give date(s): \_\_\_\_\_

8. Do you currently have a valid Michigan driver's license?  Yes  No

9. Are you 18 years or older?  Yes  No

10. Can you perform the duties of the job in which you wish to be employed with or without accommodation? (Job description attached)  Yes  No

11. We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours may be required on occasion. Are you able to meet this requirement?  Yes  No
12. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No
13. Have you ever been convicted of a crime?  
*(Note: Affirmative answers to this question may not automatically preclude you from consideration for employment.)*  Yes  No
14. Are there any felony charges pending against you?  Yes  No
15. Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect?  Yes  No
16. Are you on court supervised probation or parole?  Yes  No
17. 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
18. Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:
- Department of Commerce/Department of Consumer and Industry Services  Yes  No
  - Department of Social Services/Family Independence Agency  Yes  No
  - A local Community Mental Health Recipient Rights Office  Yes  No
  - Any other recipient rights office  Yes  No
19. If you answered 'no' to question 10 or 11 or 'yes' to questions 12-18, please explain:  
*(Attach additional pages if necessary.)*
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|                            |  |                  |
|----------------------------|--|------------------|
| High School & Address?     | Diploma    GED    No Diploma or GED<br>(Please Circle One) |                  |
| College & Address?         | Degree?  | Major/Specialty? |
| Graduate School & Address? | Degree?  | Major/Specialty? |

## Employment Experience

Start with your present or most recent job. You must fully complete this section, regardless of the time worked or reason for leaving. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. **All sections must be completed even if resume is attached.** Resumes do not contain all pertinent information needed to process your application. *Incomplete applications will not be processed.*

|                     |                                      |                |
|---------------------|--------------------------------------|----------------|
| Employer            | Dates Employed                       | Work Performed |
| Address             | From<br>/ /                          |                |
| Telephone Number(s) | To<br>/ /                            |                |
| Job Title           | Pay Rate                             |                |
| Supervisor          | At Start<br>\$ _____ per Hr/ Yr      |                |
| Reason for Leaving  | Upon Leaving<br>\$ _____ per Hr / Yr |                |

|                     |                                      |                |
|---------------------|--------------------------------------|----------------|
| Employer            | Dates Employed                       | Work Performed |
| Address             | From<br>/ /                          |                |
| Telephone Number(s) | To<br>/ /                            |                |
| Job Title           | Pay Rate                             |                |
| Supervisor          | At Start<br>\$ _____ per Hr/ Yr      |                |
| Reason for Leaving  | Upon Leaving<br>\$ _____ per Hr / Yr |                |

|                     |                                      |                |
|---------------------|--------------------------------------|----------------|
| Employer            | Dates Employed                       | Work Performed |
| Address             | From<br>/ /                          |                |
| Telephone Number(s) | To<br>/ /                            |                |
| Job Title           | Pay Rate                             |                |
| Supervisor          | At Start<br>\$ _____ per Hr/ Yr      |                |
| Reason for Leaving  | Upon Leaving<br>\$ _____ per Hr / Yr |                |

May we contact these employers?

\_\_\_\_ Yes \_\_\_\_ No

If no, please list those whom you do not wish us to contact: \_\_\_\_\_

## Personal References

Please give name, address and telephone numbers of three references who are not related to you and are not previous employers. **Incomplete applications will not be processed.**

| Name | Address | Phone Number(s) |
|------|---------|-----------------|
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## Special Skills and Qualifications

State any additional information, certifications or training (including military service) that you feel may be helpful

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision.

This application for employment shall be considered active for a period of time not to exceed ninety 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 that time.

The applicant understands that the nature of the employment contract is 'At-Will'. This means that at the sole discretion of either the employer or the employee, the relationship may be terminated with or without cause at any time. 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 that I am required to abide by all rules and regulations of the employer.

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|--|--|

Signature

Date

## Pre-Employment Reference Checks

I hereby consent for Community Living Options to verify the accuracy of all statements contained on this application. I further consent to allow Community Living Options to contact any personal reference, past or present supervisor or personnel office from any past employer to ask questions regarding dates of employment, salary, eligibility for re-hire, job performance and other information necessary to determine suitability for Community Living Options's employment, with the exception of any current employer Identified under #2. I release Community Living Options, its representatives, the Community Mental Health Department and any corporate entity or individuals from whom employment information is requested, from any liability or civil action resulting from said receipt or release of information.

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|--|--|

Signature

Date

## Medical Examination

If an offer of employment is made, you will be required to successfully complete a medical examination and TB test which is given to all individuals in the position for which you have applied. Community Living Options will pay for the cost of this examination and TB test. Information gathered from this evaluation will be kept confidential and disclosed only as lawfully permitted. It will be maintained separate from your personnel file. The medical examination will be related to the essential functions of the job for which you have been hired. If your medical condition warrants, we may ask you to apply to become certified as vocationally rehabilitated under Chapter 9 of the Michigan Worker's Compensation Act. If the medical evaluation is not completed within 14 days of hire, then the offer of employment may be withdrawn. I understand and agree to these requirements.

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**Signature**

**Date**

