



## JOB APPLICATION

Date: \_\_\_\_\_

### Section I: Equal Employment Opportunity Employer

Heart to Home LLC 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, genetic information, veteran status or other legally protected 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 II: Applicant's Personal Information

Name \_\_\_\_\_  
(please print)                      First                      Middle Initial                      Last

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

\_\_\_\_\_ City                      State                      Zip Code

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:

\_\_\_\_\_  
First Name Last Name  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
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 III: 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 [ ] Morning [ ] Afternoon [ ] Midnight

Tuesday [ ] Morning [ ] Afternoon [ ] Midnight

Wednesday [ ] Morning [ ] Afternoon [ ] Midnight

Thursday [ ] Morning [ ] Afternoon [ ] Midnight

Friday [ ] Morning [ ] Afternoon [ ] Midnight

Saturday [ ] Morning [ ] Afternoon [ ] Midnight

Sunday [ ] Morning [ ] Afternoon [ ] Midnight

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

Are you available to be **on call** in case of emergency? [ ] Yes [ ] No

## Section IV: Education

**High School:** \_\_\_\_\_  
Name Street City State

Did you graduate?  Yes  No

If no, GED?  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 V: Employment History (Please start with present or most recent employer)

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

**Address:** \_\_\_\_\_ **Employment Dates** (month/year)  
**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Hourly Pay**  
**Start:** \_\_\_\_\_ **Last:** \_\_\_\_\_

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

**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  
If yes, which CMH entities were involved?

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? [ ] Yes [ ] No

## Section VI: 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: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Give the names of two (2) *professional* references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

## Section VII: 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 VIII: 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 Heart to Home LLC 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 Heart to Home LLC, 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 representatives of the Michigan Department of Health and Human Services, 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 Heart to Home LLC, the Michigan Department of Health and Human Services, 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.

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**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 the discovery is made after employment begins.

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**Applicant Signature**

**Date**

## **Section IX: At-Will Status**

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

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**Applicant Signature**

**Date**

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**Employer Signature**

**Date**

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