

Application for Employment



General Information

Name (first, middle initial, last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Are you currently authorized to work in the United States without employer sponsorship? **YES** **NO**

Have you ever been convicted of a felony or a crime involving dishonesty or false statement, fraud, theft, or do you have any felony charges pending against you? **YES** **NO**

If yes, please state the date, place and nature of conviction.

Have you ever been suspended, discharged or asked to resign from employment? **YES** **NO**

If yes, please explain: _____

Are you able to perform all the essential functions and duties required of the position in which you are applying, with or without reasonable accommodation? **YES** **NO**

Do you have a valid driver's license? **YES** **NO**

Do you have a clean driving record? **YES** **NO**

If no, please explain: _____

Are you 18 years or older? **YES** **NO**

If under 18, what is your date of birth? _____

How did you hear about Full Circle Care? _____

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EMPLOYMENT HISTORY:

Starting with the most recent, please list all previous employers. Use a separate page if necessary.

Dates of Employment	Employer Name	City and State	Reason for Leaving	Position Held	Wage/Salary (optional)

PROFESSIONAL REFERENCES:

Please provide two (2) professional references that we may contact for employment related references.

1. Reference Name: _____ Employer: _____

Title: _____ How long did you work with this person? _____

Phone Number: _____ Email Address: _____

2. Reference Name: _____ Employer: _____

Title: _____ How long did you work with this person? _____

Phone Number: _____ Email Address: _____

PERSONAL REFERENCES:

Please provide one (1) personal reference that we may contact.

Reference Name: _____ Relationship: _____

Phone Number: _____

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EDUCATION AND TRAINING HISTORY

High School: _____ City: _____ Grades Completed: _____

College or Trade School: _____ Level Completed: _____

Course of Study or Degree: _____

If currently enrolled, anticipated graduation date: _____

Please list any license, certification or special training relevant to your application: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____

APPLICANT SIGNATURE:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature of Applicant

Date

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APPLICATION QUESTIONS:

What is your motivation for applying for a job at Full Circle Care as a Direct Care Worker?

Please list and describe your personal experiences with individuals with different-abilities.

What do you hope to gain from employment with Full Circle Care?

Anything else we should know about you?

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BACKGROUND CHECK NOTICE TO APPLICANT

The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with Full Circle Care. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- DMV Record
- Criminal Convictions, felony and misdemeanor
- Prior Employment History
- Educational History
- Office of Inspector General Search
- Community Mental Health Recipient Rights Complaints

Any information obtained during investigation may be used for decisions related to your employment with Full Circle Care. A copy of any reports may be provided to you if you wish. The following information is needed to conduct background checks and will be used only for this purpose.

PRINT NAME (first, middle initial, last): _____

DATE OF BIRTH: _____ **RACE:** _____ **GENDER:** _____

By signing below, you authorize Full Circle Care to conduct a background investigation.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

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EMPLOYEE AVAILABILITY

Employees are required to work a minimum of 2 shifts per week (4 per pay period). Unless previously discussed with Full Circle Care HR Manager, 1st and 2nd shift employees will be required to work every other weekend (saturday/sunday). If weekend shifts are not in your availability, please explain the conflict in the "Additional comments" section. Shifts typically range from 6-8 hours.

Name: _____

Schedule Start Date: _____

TIME FRAME AVAILABLE

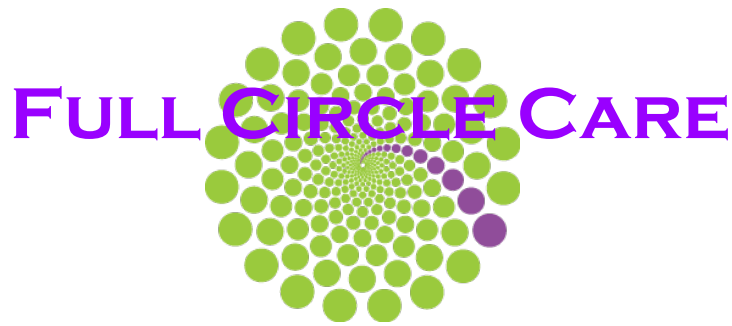
CHECK THIS
BOX IF NOT
AVAILABLE
THIS DAY

MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

NUMBER OF HOURS DESIRED PER WEEK: _____

NUMBER OF WEEKDAY SHIFTS DESIRED (M-F): _____

ADDITIONAL COMMENTS OR UNAVAILABLE DATES:



Job Expectations and Requirements:

Employees are expected to perform all duties while maintaining the respect and dignity of our residents.

- Assist residents with active daily living supports for non-ambulatory residents
- Assist residents with all aspects of transfers & hoist lifts
- Assist residents with diapering, bathing & showering
- Assist residents with all aspects of personal care (hair, nails, shaving, oral care, personal care, etc.)
- Assist residents with all types of feeding needs
- Assist residents with trach care
- Observing and reporting any changes in residents, whether it be physical, social, or emotional
- Proper charting and documentation
- Assist in dispensing medications
- Following CLS & Skill building programs
- Housekeeping tasks & using ladders
- Deep cleaning and maintaining a sanitary environment for residents
- Able to lift 50 lbs without restriction with a two-person lift
- Able to be active and on your feet for an 8-10 hour shift
- Cooking and meal preparation

In addition, Full Circle Care employees must be able to comply with Medicaid requirements including (but not limited to):

- Provide an unrestricted driver's license
- Pass a criminal background check and be in good standing with the law according to the Medicaid Provider Manual
- Be able to prevent the transmission of any communicable disease from self to others
- Be able to communicate expressively and receptively in order to follow each consumer's plan requirements and emergency procedures and report on activities performed
- Complete Recipient Rights and other required trainings through Network180
- Complete training on each consumer's IPOS and Crisis Plans

Signature of Direct Care Aid: _____ Date: _____

Printed Name of Direct Care Aid: _____

5040 CASCADE ROAD SE GRAND RAPIDS, MI 49546

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