

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE COMPANY. I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Date

Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Last Name		First Name		Middle Name	
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____			
Telephone Number(s)		Social Security Number		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time When are you available for work? _____					
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe any accommodations required: _____					

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

Employer 1		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

If hired, can you provide proof that you are legally entitled to work in the U.S.? ☐ Yes ☐ No

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain circumstances:

May we contact your current employer? ☐ Yes ☐ No

If no, please explain:

Have you ever worked for this Company before? ☐ Yes ☐ No

If yes, please give dates and position:

Do you have any friends or relatives working here? ☐ Yes ☐ No

If yes, Name(s) and Relationship:

Have you ever plead guilty, or no contest to, or been convicted of any misdemeanor or felony? ☐ Yes ☐ No

If Yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail on your own recognizance pending trial? ☐ Yes ☐ No

If Yes, please give the date(s) and details:

NOTE: Answering “Yes” to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

Do you have any commitments to any other employer which may affect your employment? ☐ Yes ☐ No

If yes, explain:

EDUCATION

School Name	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

PROFESSIONAL REFERENCES

Name	Relationship	Telephone Number
1.		
2.		

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? ☐ Yes ☐ No If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No If yes, explain: _____

Do you have personal automobile insurance? ☐ Yes ☐ No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? ☐ Yes ☐ No If yes, explain: _____

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI? ☐ Yes ☐ No

Are any such charges currently pending against you? If yes to either question, explain: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

Responsive Deployment- Unaccompanied Children's Shelter

Additional Application Questions

Are you at least 21 years of age or older?	<i>Please answer yes/ no:</i>
What languages do you speak? Please list languages spoken and proficiency levels:	<i>Please answer yes/ no:</i> Primary language: _____ Please answer using one of the following: Beginner/Intermediate/Advanced Reading: _____ Writing: _____ Speaking: _____ Secondary language: _____ Please answer using one of the following: Beginner/ Intermediate/ Advanced Reading: _____ Writing: _____ Speaking: _____
Are you available for:	<i>Fulltime</i> ____ <i>Part-time</i> ____ <i>Relief/ PRN</i> ____ <i>Please answer yes/ no:</i>
Are you willing to work a flexible work schedule that includes working evenings, holidays, and weekends?	
Are you interested in working in Albion, Michigan? Do you currently live in or near Albion, MI?	<i>Please answer yes/ no:</i>
Are you interested in relocating to Albion MI for a regular fulltime position? (Please note there is no assistance for relocation costs.)	<i>Please answer yes/ no:</i>
What is the highest level of education you have earned?	<input type="checkbox"/> High School or equivalent <input type="checkbox"/> Some College Credits - Field of Study: _____ <input type="checkbox"/> Associate Degree - Field of Study: _____ <input type="checkbox"/> Bachelor's Degree - Field of Study: _____ <input type="checkbox"/> Master's Degree - Field of Study: _____ <input type="checkbox"/> Ph.D. – Field of Study: _____
Is your education from a U.S Institution? If not, has it been evaluated for equivalency?	<i>Please answer yes/ no:</i>
Do you hold any special licenses or certifications?	<i>If yes, please list below:</i>
How many years and/or months of experience do you have working with children? Including paid, internship, and volunteer positions.	
How many years and/or months of experience do you have working in a shelter setting? Including paid, internship, and volunteer positions.	

Have you ever been employed by an agency funded by the Office of Refugee Resettlement (ORR)?	<p><i>Please answer yes/no:</i></p> <p><i>If yes, please state the name of the agency, location, last position held, and dates of employment.</i></p>
Have you ever been a subcontractor or contract employee for an agency affiliated with a funded contract under the Office of Refugee Resettlement and/or the U.S. Department of Health and Human Services (HHS)?	<p><i>Please answer yes/no:</i></p> <p><i>If yes, please state the name of the agency, location, last position held, and dates of employment.</i></p>
Have you ever worked in any of the following settings?	<p><i>Please answer yes/no to each listed below:</i></p> <p>Juvenile Correctional/Detention/Facility ____</p> <p>Childcare Facility/Day Care ____</p> <p>Afterschool Program ____</p> <p>Juvenile Residential Facility ____</p> <p>Other entities: serving children, youth/adolescents or young adults or vulnerable adults? _____</p> <p>If yes, please state the name of the agency, location, last position held, and dates of employment below:</p>
Are you currently eligible to work in the U.S.?	<i>Please answer yes/no:</i>
Would you be seeking sponsorship?	<i>Please answer yes/no:</i>
Do you have a valid U.S. Driver License?	<p><i>Please answer yes/no:</i></p> <p><i>If yes, which state?</i></p>
Are you willing to complete a sexual abuse and child abuse background check?	<i>Please answer yes/no:</i>

Due to possible Federal Contracts, certain background checks and vaccinations are required.	<p><i>Please answer yes/no:</i></p> <p>Would you agree to complete the following if employment is offered:</p> <ul style="list-style-type: none"> • MVR Check. • FBI Fingerprint Criminal Check • Credit History Check • Drug/Alcohol testing • Tuberculosis test • Show proof of immunizations (i.e., varicella, measles, mumps, tetanus, Tdap, rubella, Hepatitis A and B, Flu). • Proof of COVID Vaccinations (Only if required by contract) <p><i>Immunizations can you provide proof of immunizations if employment is offered and required by the funding source?</i></p> <p>_____</p>
What states have you lived at in the past 5 years?	<p><i>Please list here including dates of residence:</i></p> <p>1)</p> <p>2)</p>

	3) 4) 5)
How soon would you be available to start?	
Do you have any travel plans/vacation or other time off needed in the next 3-6 months?	<i>If yes, please explain:</i>

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Policy Review and Acknowledgements



ORR Zero Tolerance Policy

4.2 Zero Tolerance Policy

ORR has a zero-tolerance policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior at all care provider facilities, including secure care provider facilities and long-term foster care providers, and will make every effort to prevent, detect, and respond to such conduct. Section 4 of the ORR Guide provides an outline for and guidance on ORR's approach to preventing, detecting, and responding to such conduct.



ORR Staff Code of Conduct Policy

4.3.5 Staff Code of Conduct

ORR is committed to providing a safe environment to all UAC in its care, including protecting UAC from sexual abuse and sexual harassment. In order to ensure the safety of UAC, who are under the age of 18, care provider facility staff, contractors, and volunteers must comply with the following Code of Conduct. This code of conduct does not apply to foster parents, who are subject to State licensing requirements.

1. Staff will not engage in any form of sexual abuse or sexual harassment, as defined at Section 4.1 of ORR's UAC Policy Guide.
2. Staff will not verbally or physically abuse any unaccompanied alien child.
3. Staff will not engage in sexual contact with anyone while on duty or while acting in the official capacity of their position.
4. Staff will not exchange letters, gifts, pictures, phone numbers, e-mail addresses, or social media information with any UAC in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by care provider management.
5. Staff may not have contact with any unaccompanied alien children outside of the care provider facility beyond that necessary to carry out job duties while the child is in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by care provider management.
6. Staff must confine their relationships with UAC families and sponsors to those activities which fall within the scope of the staff's job duties. Requests for exceptions must be submitted in writing to and approved by care provider management.
7. Staff may not engage in a romantic or sexual relationship with a UAC while the child is in ORR care or within three years of the child's discharge.
8. Staff may not live with a UAC within three years of the child's discharge.
9. Staff must report knowledge, suspicion, or information about sexual abuse, sexual harassment, or inappropriate sexual behavior according to mandatory reporting laws, Federal laws and regulations, and ORR policies and procedures.
10. Staff with knowledge or information of a staff violating this Code of Conduct must report this knowledge or information to their supervisor.
11. Staff have a continuing affirmative duty to disclose any misconduct that occurs on or off duty.

Care provider facilities must immediately terminate any staff member who violates this Code of Conduct. Care provider facilities must suspend any staff member suspected of violating this Code of Conduct pending investigation.



ORR Sexual Abuse Definition

4.1.1 Sexual Abuse

For the purposes of Section 4, sexual abuse is defined at 34 U.S.C. § 20341 and in ORR regulations at 45 C.F.R. 411.6. Sexual abuse includes different acts depending on whether the perpetrator is a minor or an adult.

Sexual abuse of a minor by another MINOR includes the following acts:

1. The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, (2) or (3) below or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;
2. Actual or simulated sexual intercourse, including sexual contact in the manner of genital-genital, oral-genital, anal-genital, or oral-anal contact, whether between persons of the same or opposite sex;
3. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation;
4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;
5. Bestiality;
6. Masturbation;
7. Lascivious exhibition of the genitals or pubic area of a person or animal;
8. Sadistic or masochistic abuse; or
9. Child pornography or child prostitution.

Sexual abuse of a minor by an ADULT includes the following acts:

1. The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, (2) or (3) below or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;
2. Actual or simulated sexual intercourse, including sexual contact in the manner of genital-genital, oral-genital, anal-genital, or oral-anal contact, whether between persons of the same or opposite sex;
3. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks that is unrelated to official duties or where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Contact between the mouth and any body part where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument that is unrelated to official duties or where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, grantee, contractor, or volunteer to engage in activities (1) through (5) above;
7. Any display by a staff member, grantee, contractor, or volunteer of his or her uncovered buttocks or breast in the presence of a child;
8. Bestiality;

9. Masturbation;
10. Lascivious exhibition of the genitals or pubic area of a person or animal;
11. Sadistic or masochistic abuse;
12. Child pornography or child prostitution; or
13. Voyeurism by a staff member, grantee, contractor, or volunteer (See definition below).



ORR Sexual Harassment Definition

4.1.3 Sexual Harassment

Sexual harassment is defined in ORR regulations at 45 C.F.R. 411.6. Sexual harassment includes different acts depending on whether the perpetrator is a minor or an adult.

Sexual harassment of a minor by another MINOR includes repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, phone calls, emails, texts, social media messages, pictures sent or shown, other electronic communication, or actions of a derogatory or offensive sexual nature.

Sexual harassment of a minor by an ADULT includes repeated verbal comments, gestures, phone calls, emails, texts social media messages, pictures sent or shown, or other electronic communication of a sexual nature to a child by a staff member, grantee, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

My signature below acknowledges that I have read, reviewed, and understand the contents of the Office of Refugee Resettlement (ORR) policies and definitions written above.

ORR Zero Tolerance Policy
ORR Staff Code of Conduct
ORR Sexual Abuse Definition
ORR Sexual Harassment Definition

Name in Print

Signature

Date Signed

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Policy Review and Acknowledgements

Did you read the ORR Code of Conduct provided to you along with this questionnaire?

Please answer yes/no:

Did you read the ORR Zero Tolerance Policy provided to you along with this questionnaire?

Please answer yes/no:

Did you read the ORR Sexual Abuse and Sexual Harassment definitions?

Please answer yes/no:

Feel free to add information here if additional space is needed: