

# **APPLICATION FOR EMPLOYMENT**

## **Innovative Lifestyles, Inc.**

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, color, sex, religion, national origin, marital status, age, weight, height, disability, or veteran status in the hiring, promotion, wages 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.

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.

Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_ (last 4 digits only)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Position Applied For: (1) \_\_\_\_\_ Beginning Wages Expected: \_\_\_\_\_

(2) \_\_\_\_\_ Beginning Wages Expected: \_\_\_\_\_

Can you perform job duties for which you wish to be employed, with or without accommodations?  Yes  No

If No, please explain: \_\_\_\_\_

Do you currently have a Valid Driver's License?  Yes  No

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have Auto Insurance?  Yes  No Name of Insurance Company: \_\_\_\_\_

Have you ever been employed by this organization before?  Yes  No

If yes, give dates employed, and indicate if employed under a different name: \_\_\_\_\_

Do you have any relatives or a spouse employed by this organization?  Yes  No

If yes, please provide names: \_\_\_\_\_

Referred By: \_\_\_\_\_

Have you ever received unemployment compensation?  Yes  No

List all intervals of unemployment, if any, during the last 10 years:

From: Mo/Yr	To: Mo/Yr	Brief statement covering this period

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## **Innovative Lifestyles, Inc.**

Have you ever been convicted of a crime? [ ] Yes [ ] No

[Note: Affirmative answers to this question may not automatically preclude you from consideration for employment]

If yes, please explain: \_\_\_\_\_

Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Have you been convicted of a felony or are there any felony charges pending against you? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Are you on a court-supervised probation or parole? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

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

If yes, please explain (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

*In case of an emergency, whom should we contact?*

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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## **Innovative Lifestyles, Inc.**

### **EDUCATION**

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>LOCATION (CITY &amp; STATE)</b>	<b>NUMBER OF YEARS COMPLETED</b>	<b>YEAR GRADUATED OR GED</b>
High School				
College or University				
Business or Trade School				
Professional School				

### **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 details: \_\_\_\_\_

### **MILITARY EXPERIENCE**

*Complete this section if you served in the U.S. Armed Services.*

Branch of Service: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_

Describe your duties and any special job-related training you received: \_\_\_\_\_

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## Innovative Lifestyles, Inc.

### **PROFESSIONAL EXPERIENCE & EMPLOYMENT**

*Begin with your current or most recent employment.*

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for Leaving (be specific): \_\_\_\_\_

Provide Job Title, skills used or learned, and detailed descriptions of duties, tasks, and responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for Leaving (be specific): \_\_\_\_\_

Provide Job Title, skills used or learned, and detailed descriptions of duties, tasks, and responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for Leaving (be specific): \_\_\_\_\_

Provide Job Title, skills used or learned, and detailed descriptions of duties, tasks, and responsibilities: \_\_\_\_\_

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## **Innovative Lifestyles, Inc.**

I hereby give you my permission to contact the above employers and educational institutions to verify the items I listed above. I hereby release *Innovative Lifestyles, Inc.*, and the above reference organizations and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relative to my job performance which is documented in my personnel file.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of the application or portions of this application to representatives of the Department of Commerce / Department of Consumer and Industry Services, Family Independence Agency, Department of Community Health, and local Community Mental Health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release *Innovative Lifestyles, Inc.* the Department of Commerce, Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various governmental 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 of other disciplinary action by all prior employers and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

I understand that this application is current for six (6) months. A new application must be completed for further consideration after six (6) months. I have read and fully understand the previous statement(s).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.**

**I have read and fully understand the previous statement(s).**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **Innovative Lifestyles, Inc.**

### **DESIRED HOURS**

*Please indicate your preference by placing an [X] next to the desired item.*

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_ *\*If willing to accept part time; desired number of hours per week: \_\_\_\_\_*

### **DESIRED SHIFTS**

*Shifts are subject to seniority and availability.*

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime hours is expected for continued employment. Are you able to meet this requirement? [ ] Yes [ ] No

Morning Transport: 7:00am – 11:00am \_\_\_\_\_

Mornings: 7:00am – 3:00pm \_\_\_\_\_

Afternoons: 3:00pm – 11:00pm \_\_\_\_\_

Midnights: 11:00pm – 7:00am \_\_\_\_\_

Are weekend shifts a problem for you to work? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

**Date you'd be available for work:** \_\_\_\_\_