



VOCATIONAL INDEPENDENCE PROGRAM

Application for Employment

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: \_\_\_\_\_ Last First M.I. Soc. Sec. #: \_\_\_\_\_

Present Address: \_\_\_\_\_ Street City State Zip

Permanent Address: \_\_\_\_\_ Street City State Zip

Telephone #: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Name, title and phone of current employer: \_\_\_\_\_

Have you ever applied to this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION:

Table with 5 columns: School Type, Name and Location of School, No. of Years Attended, Did You Graduate?, Subject/Major. Rows include Elementary School, High School, College, and Specialized Training.

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_



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Have you ever been convicted of a crime except a minor traffic violation? No Yes
If so, please state citation, date and place where offense occurred.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Table with 4 columns: Name, Address and Telephone, Relationship, Years Acquainted

Emergency Contact: Name Street City/State Phone

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Table with 5 columns: Date Month/Year, Employer Name, Address, and Telephone, Salary Starting/ Ending, Last Position Held/ Responsibilities, Reason for Leaving



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May we contact the employers listed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, which one(s)? \_\_\_\_\_

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

As a condition of employment, I agree not to commence any action or suit relating to my employment relationship with the Company more than 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statute, whichever is less. Further, I agree to waive any statute of limitation exceeding 301 days.

Any employment relationship with this organization is of a "just cause" nature.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Employers specifically excepted: \_\_\_\_\_

For Employer Use Only

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_



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I, \_\_\_\_\_, authorize Genesee Health System (GHS) and the GHS Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, \_\_\_\_\_, release GHS and the GHS Office of Recipient Rights, its officers, its agents and its employees from any and all liability, claims, suits, and actions of any nature brought against GHS and the GHS Office of Recipient Rights, its officers, its agents and its employees etc. for disclosing the information requested by me and I shall indemnify and hold them harmless should any claims, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

- 1. \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Applicant's Signature Date Other names used
Witness Signature Date

INFORMATION TO BE SENT TO:

Vocational Independence Program

Provider/Consumer
5069 Van Slyke Rd

Street Address

Flint, MI 48507 (810) 238-2140

City State Zip Code FAX

Fax this form to: (810) 257-3790 for processing

RIGHTS OFFICE USE ONLY

An individual with the above name does have a substantiated recipient rights violation(s) according to GHS records.

By: \_\_\_\_\_ Date: \_\_\_\_\_
GHS Office of Recipient Rights



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MOTOR VEHICLE RECORD RELEASE

I understand that Vocational Independence Program (VIP) may desire to obtain a copy of my driving record for employment purposes. I agree to allow Vocational Independence Program (VIP), its insurance agent, and its insurance company to obtain and review my driving records. This information will be used for determining eligibility and suitability for employment with Vocational Independence Program VIP, and I understand my hiring and/or employment will be contingent on the results of the driving records, but that regardless of the results of my driving record, I am not assured employment with Vocational Independence Program VIP. I understand that it is my right to refuse disclosure of my driving records.

I understand that I have the right to obtain a copy of the records if I am denied employment, or other adverse employment action is taken, because of the driving records, and I have the right to dispute the Secretary of State regarding the accuracy or completeness of the records. I understand the Secretary of State does not make any decisions regarding my hiring and cannot provide me any specific reasons for the adverse employment action.

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_

Driver License#: \_\_\_\_\_

License State: \_\_\_\_\_

Date of birth: \_\_\_\_\_



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**Authorization for Background Check**

The position you applied for with Vocational Independence Program requires that we obtain a consumer, and/or investigative consumer report. Therefore, we may obtain a report on the status of your driving record, and/or criminal record check. We may use either or both reports in making employment decisions related to your position. It is Vocational Independence Program's policy to consider any and all information available that is relevant to an employee's suitability and qualifications for their position.

Further information on the nature and scope of these reports will be made available to you within 30 days of when you make a written request. Before taking any adverse employment action based on either of these reports, we will provide you with a copy of the report.

Name: \_\_\_\_\_  
*Please Print: Last, First, Middle*

Other Names Used: \_\_\_\_\_  
*Alias, Maiden, etc.*

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_