

Have you ever been employed by 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, 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?

Mon	_____	() Morning	() Afternoon	() Midnights
Tues	_____	() Morning	() Afternoon	() Midnights
Wed	_____	() Morning	() Afternoon	() Midnights
Thurs	_____	() Morning	() Afternoon	() Midnights
Fri	_____	() Morning	() Afternoon	() Midnights
Sat	_____	() Morning	() Afternoon	() Midnights
Sun	_____	() Morning	() Afternoon	() Midnights

On what date are you available to start work? _____

Section IV: Education

High School _____

Name	Street	City	State
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Did you graduate? () Yes () No

College _____

Name	Street	City	State
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Did you graduate? () Yes () No

If yes, what degree(s) or certificate(s) did you obtain? _____

Business or Trade School _____

Name	Street	City	State
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Did you graduate? () Yes () No

If yes, what degree(s) or certificate(s) did you obtain? _____

Professional School _____

Name	Street	City	State
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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: _____
<hr/>	
Company Name: _____	Telephone: _____
Address: _____	Employment Dates (month/year)
_____	From: _____ To: _____
Position Title: _____	Hourly Pay
_____	Start: _____ Last: _____
Name of Supervisor: _____	Reason for Leaving: _____
<hr/>	
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: _____ Position: _____

Name: _____

Address: _____

Phone: _____ Position: _____

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 indicate your license number: _____

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 Sanborn Gratiot Memorial Home and the above referenced organization, reference persons and employers for 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 Sanborn Gratiot Memorial Home, 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 Department of Human Services, Department of Community Health, 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 Sanborn Gratiot Memorial Home, the Department of Human Services, Department of Community Health, local community metal 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 employees, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

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 is grounds for disqualification for consideration for employment if the discovery is made after employment begins.

Applicant Signature

Date

Section IX: At-Will Status

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

Applicant Signature

Date

Employer Signature

Date

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