

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Quality Care of Howell is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

APPLICANT INFORMATION (PLEASE PRINT)

FIRST NAME: _____ MIDDLE: _____ LAST: _____

HAVE YOU EVER USED ANOTHER NAME? YES NO

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

SOCIAL SECURITY NUMBER: _____ Are you over 18 years of age? YES NO

E-MAIL: _____

DESIRED EMPLOYMENT: _____ FULL TIME PART TIME EITHER

CHECK WHICH DAYS YOU ARE AVAILABLE TO WORK:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

CHECK WHICH SHIFTS YOU ARE AVAILABLE TO WORK:

AM Shifts	PM Shifts	PM/AM Shifts
<input type="checkbox"/> 7:00 am to 3:00 pm	<input type="checkbox"/>	<input type="checkbox"/> 11:00 pm to 7:00 am
<input type="checkbox"/> 7:00 am to 11:00am	<input type="checkbox"/> 3:00 pm to 11:00 pm	
	<input type="checkbox"/> 4:00 pm to 8:00 pm	

If hired, on what date can you start working? _____/_____/_____

Quality Care of Howell requires that you work every other weekend. Can you work on the weekends? YES NO

PERSONAL INFORMATION

Have you ever applied to work for Quality Care of Howell before?

YES
 NO

Do you have any friends, relatives or acquaintances working for Quality Care or living at Quality Care?

YES
 NO

If hired, would you have transportation to/from work?

YES
 NO

If hired, are you willing to submit to a physical drug test and TB test before you start your employment with Quality Care?

YES
 NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Examples: Lift anywhere from 25-100 pounds, light house-keeping, cooking, baking, medication administration, driving a motor vehicle, reading, writing?

YES
 NO

If no, describe the functions that cannot be performed: _____

Are you willing to attend training programs required by the state of Michigan AFC Licensing Division?

YES
 NO

Would you be willing to cover extra shifts in the case of another employee's absence?

YES
 NO

Have you ever been convicted of a crime? If yes, please explain: _____

Are you willing to work every other weekend and every other holiday?

YES
 NO

PERSONAL INFORMATION

PERSONAL INFORMATION		
HIGH SCHOOL	COLLEGE	OTHER TRAINING, VOCATIONAL OR MILITARY PROGRAMS
NAME:	NAME:	
CITY & STATE:	CITY & STATE:	
HIGHEST GRADE COMPLETED:	YEARS COMPLETED:	
DID YOU <input type="checkbox"/> YES GRADUATE? <input type="checkbox"/> NO	DID YOU <input type="checkbox"/> YES GRADUATE? <input type="checkbox"/> NO	

WORK EXPERIENCE

(List the jobs held in the last 5 years, with the most recent first. Use extra paper if needed.)

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES NO

STARTING WAGE:

NAME OF YOUR EMPLOYER:

ENDING WAGE:

ADDRESS:

PHONE:

SUPERVISOR:

DATES WORKED: FROM TO

JOB TITLE:

REASON FOR LEAVING:

LIST GENERAL DUTIES PERFORMED:

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES NO

STARTING WAGE:

NAME OF YOUR EMPLOYER:

ENDING WAGE:

ADDRESS:

PHONE:

SUPERVISOR:

DATES WORKED: FROM TO

JOB TITLE:

REASON FOR LEAVING:

LIST GENERAL DUTIES PERFORMED:

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES NO

STARTING WAGE:

NAME OF YOUR EMPLOYER:

ENDING WAGE:

ADDRESS:

PHONE:

SUPERVISOR:

DATES WORKED: FROM TO

JOB TITLE:

REASON FOR LEAVING:

LIST GENERAL DUTIES PERFORMED:

EXPERIENCE, SKILLS, QUALIFICATIONS & TALENTS

Do you have any other JOB EXPERIENCE that would help you with this job? If yes, please explain:

Summarize any specialized trainings, skills, licenses, certificate and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position in which you are applying:

References: (We are required by the state of Michigan to have two references on file):

NAME:

ADDRESS:

PHONE #:

NAME:

ADDRESS:

PHONE #:

APPLICATION ACKNOWLEDGEMENTS

<i>Please read carefully, ask questions about anything you don't understand.</i>	YES	NO
<p>At-Will Employment Quality Care of Howell maintains an At-Will Employment arrangement with all employees. I understand that if hired, the employment will not be permanent; instead the employment will be At-Will meaning that either party may terminate this agreement at any time, with or without cause, at-will.</p>		
<p>Dependent Care If hired, I understand due to the nature of the business, (taking care of dependent people) I will have dependent people, and my co-workers relying on me to come to work when scheduled and on time, unless I am prevented to do so because of illness or emergency. In the event I am not able to come to work, I will immediately make a reasonable attempt to find my own replacement as well as notify the administration. I further understand, that although this is employment relationship is At-Will that I am not allowed to walk away from my job and leave the residents unsupervised at any time. This can be considered a vulnerable adult violation and appropriate action will ensure.</p>		
<p>Physical and Mental Ability I understand that due to the nature of the business; (taking care of dependent people) I must always have the physical and mental ability to do the job. If I am disabled, or become disabled, I understand that I can request the company to make reasonable accommodations to assist me, however, the company may refuse if it compromises resident care, or causes an undue hardship on the company.</p>		
<p>Visiting After Termination If hired, I understand that this facility reserves the right to refuse to allow me to come back to visit at the facility after termination of employment.</p>		
<p>Drug & Alcohol Policy I understand that prior to my acceptance of employment, and if hired, during my employment, I may be tested for the use of illegal drugs, and if found positive for use, my relationship with Quality Care of Howell will be immediately terminated. I further understand that if hired, and I am found under the influence of drugs or alcohol while at work, I may be immediately terminated.</p>		
<p>Non-Discrimination Policy I understand this company does not discriminate against applicants because of race, creed, color, religion, gender, or sexual preference, and that hiring is based on qualification, personal characteristics, background check and interview.</p>		
<p>Conditional Hire I understand my employment status with Quality Care of Howell, if hired, is conditional until my criminal background check clears, I pass medication administration training and testing, or discovery of a criminal conviction.</p>		
<p>Information Verification I hereby give my permission for Quality Care of Howell to contact my previous employers, schools and other contacts I have listed here and hereby release this company, and listed contacts from any liability arising from such communication of information. I understand that falsification of this information is just causing to refuse hiring, and falsifications discovered later, can be grounds for immediate termination.</p>		
Applicant's Signature:	Date:	