

Date: \_\_\_\_\_

## *In Your Golden Years*

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### Section I: Equal Employment Opportunity Employer

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

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### Section II: Applicant's Personal Information

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Name: \_\_\_\_\_  
(please print)      First                                      Middle Initial                                      Last

Present address: \_\_\_\_\_  
(please print)                      Number                                      Street

\_\_\_\_\_

City                                      State                                      Zip Code

Phone: Home: (     )        -        Cell: (     )        -

E-Mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Can you perform the duties of the job for which you are applying with or without accommodation?

Yes  No

If no, please explain: \_\_\_\_\_

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

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

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Name and address of emergency contact:

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First Name	Last Name
(    )    -    _____	(    )    -    _____
Phone	Alt/Cell Phone

Have you ever been convicted of a crime?  Yes  No  
(Answering yes to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you?  Yes  No  
(Answering yes to this inquiry will not automatically disqualify you.)

Have you ever worked for 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, please 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

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### Section III: Availability and Interests in Work

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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  Evening  
Tues \_\_\_  Morning  Afternoon  Evening  
Wed \_\_\_  Morning  Afternoon  Evening  
Thur \_\_\_  Morning  Afternoon  Evening  
Fri \_\_\_  Morning  Afternoon  Evening  
Sat \_\_\_  Morning  Afternoon  Evening  
Sun \_\_\_  Morning  Afternoon  Evening

On what date are you available to start work? \_\_\_\_\_

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### Section IV: Education

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High School

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Did you graduate?  Yes  No

College/University

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Did you graduate? ( ) Yes ( ) No

If yes, what degree(s) did you obtain? \_\_\_\_\_

Business/ Trade  
School

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Did you graduate? ( ) Yes ( ) No

If yes, what degree(s) did you obtain? \_\_\_\_\_

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**Section V: Employment History (Please start with present or most recent employer)**

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Pay Rate (hourly/salary)  
Start: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Pay Rate (hourly/salary)  
Start: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Pay Rate (hourly/salary)  
Start: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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May we contact your current supervisor or manager? ( ) Yes ( ) No

If no, why? \_\_\_\_\_

If yes, who may we contact? \_\_\_\_\_

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

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### **Section VI: References**

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Give the names of two (2) personal references from persons not related to you, whom you have known at least one(1) year:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

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Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

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Do you have any of the following licenses or certifications?

Certified Nurse Aide (CENA) ( ) 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 \_\_\_\_\_

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**Section VII: Consent**

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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 released In Your Golden Years and the above referenced organizations, reference persons and employers from 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 In Your Golden Years, 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 In Your Golden Years, the Department of Human Services, Department of Community Health, local community mental 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 employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

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Applicant Signature

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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 are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

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Applicant Signature

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Date

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**Section VIII: At-Will Status**

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In consideration of my employment, I agree to conform to the policies, rules and regulation of In Your Golden Years. 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 with or without cause and with or without notice at any time at the sole discretion of:

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Applicant Signature

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Date

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Employer Signature

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Date

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