



APPLICATION FOR EMPLOYMENT

Ready For Life is an equal opportunity employer. Our policy prohibits discrimination on the basis of race, sex, religion, national origin, marital status, age, weight, height or disability when making employment decisions.

General Information

Name: _____ Date: _____

Local

Street address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Cell phone: _____

Permanent

Street address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Work phone: _____

E-mail address _____

Are you at least 18 years old? Yes No

Have you applied here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes give dates and reason for leaving _____

Are you legally eligible for employment in this country? Yes No (Proof of citizenship or immigration will be required upon employment)

Availability

Date available for work? _____ Work location preferences/restrictions _____

Type of employment desired: Full-time Part-time Number of hours per week _____

Rate of pay expected: \$ _____ Are you currently employed at a full-time job? Yes No

If yes, how will that affect your ability to work? _____

Do you have any restrictions on the hours you can work? Yes No If yes, please explain: _____

Note: Affirmative answers to the following may not automatically preclude you from consideration for employment.

Have charges ever been substantiated against you in a Dept. of Commerce/Dept. of Consumer and Industry Services or Family Independence Agency adult foster care licensing investigation? Yes No

If yes, please explain: _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violation in an investigation by Dept. of Commerce/Dept. of Consumer and Industry Services, Family Independence Agency, a local Community Mental Health Recipient Rights Office, or any other recipient rights office? Yes No If yes please explain:

Have you ever been administratively determined by a federal, state or local governmental agency to have committed any of the following? Assault/Battery Yes No Abuse or Neglect Yes No Criminal Sexual Misconduct Yes No

If you answered yes to any of the above, please list the nature of the offense(s), date(s) of conviction and place(s) of offense(s). Failure to complete this section accurately may be grounds for immediate termination or withdrawal of conditional job offer.

Many positions at Ready for Life require a safe driving record and the use of a company vehicle. Do you have a restricted driver's license? Yes No If yes, please explain:

If you are applying to work as a direct care worker, please answer the following questions.

Have you been provided with a copy of the position description? Yes No
Are you able to perform the essential functions of the position without accommodation? Yes No
Are you able to perform the following?
Lifting over 60 pounds Yes No Food preparation Yes No
Extensive standing Yes No Driving Yes No
Housekeeping Yes No Climbing stairs Yes No
If you answered no to any of the above questions, please state what type of accommodation you would need to perform the task.

Educational Background

RFL/SOAR! may require a copy of all original education and training certificates to verify that you meet the requirements of any job for which you are applying.

High School diploma or GED obtained? Yes No

Higher Education:

School: _____ Highest level completed _____ Degree or Diploma _____ Major _____
School: _____ Highest level completed _____ Degree or Diploma _____ Major _____

Have you received training from the Michigan Department of Community Health or through the Family Independence agency? Yes No If yes, explain what training:

Other current certifications such as CPR, First Aid: _____

Summarize special skills and qualifications you acquired from prior employment, training, or experiences that may qualify you for a job within the company.

Employment History

List your last four employers or volunteer activities, starting with the most recent.

Most recent employer _____ Phone _____

Address _____ Supervisor _____

Job title _____ Start date _____ End date _____

Reason for leaving _____ Wage _____

Most recent employer _____ Phone _____

Address _____ Supervisor _____

Job title _____ Start date _____ End date _____

Reason for leaving _____ Wage _____

Most recent employer _____ Phone _____

Address _____ Supervisor _____

Job title _____ Start date _____ End date _____

Reason for leaving _____ Wage _____

Most recent employer _____ Phone _____

Address _____ Supervisor _____

Job title _____ Start date _____ End date _____

Reason for leaving _____ Wage _____

References

List the names and telephone numbers of four professional references who are not related to you. If four professional references are not available, you may list a school or personal reference which does not include relatives.

Name: _____ Phone: _____ Home ___ Work ___

Company: _____ E-mail: _____

Relationship to you: _____

Name: _____ Phone: _____ Home ___ Work ___

Company: _____ E-mail: _____

Relationship to you: _____

Name: _____ Phone: _____ Home ___ Work ___

Company: _____ E-mail: _____

Relationship to you: _____

Name: _____ Phone: _____ Home ___ Work ___

Company: _____ E-mail: _____

Relationship to you: _____

I hereby give you my permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release Ready For Life and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to Ready For Life. I expressly and fully waive all written notice and agree to the divulging of any disciplinary reports, letters of reprimand, or other disciplinary action by all prior employers. I consent to releasing any information related to my job performance which is documented in my personnel file.

I hereby consent to the release of this application or portions of this application to representatives of departments of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community Mental 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 certify that the information contained in this application is correct. I understand that falsification, misrepresentation, or omission of information on this application may prohibit hiring or may be grounds for termination. In completing this application and submitting it to Ready For Life, I understand that any job offer is contingent upon 1) my ability to satisfactorily pass a physical exam if required for the position; 2) Satisfactory results of a drug screen if required; 3) satisfactory results of reference checks; and 4) satisfactory check of my education and training credentials.

In consideration for employment, I agree to conform to the rules and regulations of Ready For Life and understand that my employment is at will and may be terminated at any time, with or without cause, at the option of either Ready For Life or myself. I understand that no one other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

Signature of Applicant

Date