



WOODLAND PARK ASSISTED LIVING HOME

EMPLOYMENT APPLICATION

**2363 E. Coldwater Road
Genesee Township, MI 48505
(810) 785-9940**

Name: _____ Date: _____ DOB _____
Address: _____ City _____ State: _____
Zip Code: _____ Phone : _____ SSN: _____

Position Applied for: _____ Are you currently employed? YES or NO
Do you have a driver's license? _____ Drivers License Number (or) ID number: _____

Can you perform the duties of this job with or without accommodation? __ YES or __ NO

This facility is licensed to provide adult foster care for 24 hours a day, 7 days a week, and 52 weeks a year.
Working any shift & overtime hours is expected for employment.
Are you able to meet this requirement? _____

Have you ever been convicted of a crime? _____ (Note: Affirmative answers to this question may not automatically preclude you from consideration for employment.) If yes explain. _____

Are there any felony charges pending against you? __yes __no If yes explain. _____

Have charges ever been sustained against you for abuse, neglect, exploitation, mishandling residents funds, or any other recipient rights violation in or in an investigation? _____yes __no
If yes explain. _____

Are you on a court-supervised probation or parole? _____YES __NO
If yes explain. _____

Please indicate any names of relatives already employed by this employer: _____

High School Attended _____ City _____ MI _____
High School Diploma _____ GED _____
Additional Education
School/Address: _____ Degree _____yes __NO
School/Address: _____ Degree _____yes __NO

Professional References: Name Address Telephone .Number

Work Experience History

List most recent employers first:

Employer	Address	Job Title	Dates	Reason Left

I hereby give you my permission to contact the above employers, references and educational intuitions to verify the information I listed above. I hereby release (Name of Employer) 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 expressly and fully waive all written notice from all prior employers. I consent to release any information relating to my job performance which is documented in my personnel file.

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 Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community 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 hereby release (Name of Employer), The Department of Commerce Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various governmental 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 actions by all prior employers, and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

Signature: _____ Date: _____

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

Signature: _____ Date: _____

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