

Date: _____



JOB APPLICATION

Section I: Equal Employment Opportunity Employer

Hope Landing 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.

Section II: Applicant's Personal Information

Name: _____
(please print) First Middle Initial Last

Present address: _____
(please print) Number Street

City State Zip Code

Phone: Home: (_____) _____ - _____ Alternate/Cell: (_____) _____ - _____

Social Security Number: X X X - X X - ____ ____ ____ ____ (last 4 digits only please)

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 name(s): _____

Name and address of a person to be notified in case of an emergency: _____

Phone: Home: (_____) _____ - _____ Alternate/Cell: (_____) _____ - _____

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

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 _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tue _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wed _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thu _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Fri _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sat _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sun _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

On what date are you available to start work? _____

Section IV: Education

High School

Name Street City State

Did you graduate? Yes No

College

Name Street City State

Did you graduate? Yes No

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

Business or Trade School

Name Street City State

Did you graduate? Yes No

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

Professional School

Name Street City State

Did you graduate? Yes No

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

Other Training

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

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year) _____
Position Title: _____ From: _____ To: _____
Name of Supervisor: _____ Hourly Pay – Start: _____ Last: _____
Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year) _____
Position Title: _____ From: _____ To: _____
Name of Supervisor: _____ Hourly Pay – Start: _____ Last: _____
Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year) _____
Position Title: _____ From: _____ To: _____
Name of Supervisor: _____ Hourly Pay – Start: _____ Last: _____
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: _____ Years known: _____

Name: _____

Address: _____

Phone: _____ Years known: _____

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 provide detail: _____

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 Hope Landing 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 Hope Landing, 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 Hope Landing, 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.

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 are grounds for disqualification for consideration for employment or termination of 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 policies, rules and regulations of Hope Landing. 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 Hope Landing 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.

Section X: Applicant Interview Questions

How did you hear about Hope Landing and what attracted you to our company?

List three to five things that you need to be successful at this job?

What are your deal breakers?

What do you want for your career and how does Hope Landing help get you there?

Section X: Applicant Interview Questions

What made you apply for this position?

What do you consider your greatest strength and weakness?

How do you define a “being flexible” employee? Do you consider yourself one?

Anything else you would like to tell us?



Hope Landing

Charlotte's Premier Assisted Living Community

1252 N. Cochran Ave.
Charlotte, MI 48813
517-541-9620 Phone
517-541-9623 Fax

Reference Request

(To be completed by the Applicant and placed in their file)

Applicant name: _____ Social Security # _____

Current/Former employer: _____

Address of current/former employer: _____

Telephone of current/former employer: _____

Fax number of current/former employer: _____

Position held/job title: _____

Employment dates: (month/year) From: _____ To: _____

Description of work performed: _____

Starting rate: \$ _____ /hr or \$ _____ /yr Ending rate: \$ _____ /hr or \$ _____ /yr

Reason for leaving: _____

Supervisor/reference name: _____

Are you related to this supervisor/reference? (circle answer) Yes No

If yes, please explain: _____

Permission to release information to Hope Landing: _____

I have applied to Hope Landing and request that you supply them with the following information regarding my work records. I hereby authorize this employer and/or its agents to seek from all my previous and present employers, and authorize my previous and present employers to release to them, any and all information pertaining to my employment history. I further release, promise to hold harmless, and covenant not to sue Hope Landing, any other previous or present employers, on the basis of its disclosure of this information to Hope Landing.

Signature: _____ Date: _____

To be completed by the Current/Former Employer

Please indicate whether the information shown above is correct according to your company's employment records by circling the appropriate response. If there is a discrepancy, please explain.

Position held/job title	Yes	No
Employment dates	Yes	No
Starting pay rate	Yes	No
Ending pay rate	Yes	No
Reason for leaving	Yes	No

	Yes	No
Was the candidate on time for work?		
Was the candidate committed to quality work?		
Was the candidate a team player?		
Did the candidate finish his/her work in a timely fashion?		
Was he/she subject to disciplinary action during employment?		
Is this employee eligible for rehire?		
Was the candidate gentle and kind with the elderly?		

Last overall performance rating? Excellent Good Fair Poor

Number of days tardy in last year of employment: _____

Number of days absent in last year of employment: _____

Other comments: _____

Signature of Referral: _____ Date: _____



Hope Landing

Charlotte's Premier Assisted Living Community

1252 N. Cochran Ave.
Charlotte, MI 48813
517-541-9620 Phone
517-541-9623 Fax

Reference Request

(To be completed by the Applicant and placed in their file)

Applicant name: _____ Social Security # _____

Current/Former employer: _____

Address of current/former employer: _____

Telephone of current/former employer: _____

Fax number of current/former employer: _____

Position held/job title: _____

Employment dates: (month/year) From: _____ To: _____

Description of work performed: _____

Starting rate: \$ _____ /hr or \$ _____ /yr Ending rate: \$ _____ /hr or \$ _____ /yr

Reason for leaving: _____

Supervisor/reference name: _____

Are you related to this supervisor/reference? (circle answer) Yes No

If yes, please explain: _____

Permission to release information to Hope Landing: _____

I have applied to Hope Landing and request that you supply them with the following information regarding my work records. I hereby authorize this employer and/or its agents to seek from all my previous and present employers, and authorize my previous and present employers to release to them, any and all information pertaining to my employment history. I further release, promise to hold harmless, and covenant not to sue Hope Landing, any other previous or present employers, on the basis of its disclosure of this information to Hope Landing.

Signature: _____ Date: _____

To be completed by the Current/Former Employer

Please indicate whether the information shown above is correct according to your company's employment records by circling the appropriate response. If there is a discrepancy, please explain.

Position held/job title Yes No

Employment dates Yes No

Starting pay rate Yes No

Ending pay rate Yes No

Reason for leaving Yes No

_____ Yes No

Was the candidate on time for work? _____

Was the candidate committed to quality work? _____

Was the candidate a team player? _____

Did the candidate finish his/her work in a timely fashion? _____

Was he/she subject to disciplinary action during employment? _____

Is this employee eligible for rehire? _____

Was the candidate gentle and kind with the elderly? _____

Last overall performance rating? _____ Excellent Good Fair Poor

Number of days tardy in last year of employment: _____

Number of days absent in last year of employment: _____

Other comments: _____

Signature of Referral: _____ Date: _____



WORKFORCE BACKGROUND CHECK CONSENT AND DISCLOSURE

MCL 333.20173a, MCL 330.1134a, and MCL 440.734b require that a health facility/agency that is a:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- adult foster care facility (AFC)
- hospital that provides swing bed services
- home for the aged
- home health agency
- hospice

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility/agency or AFC until the health facility/agency or AFC conducts a fingerprint-based criminal history check.

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health care facility/agency or AFC and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health care facility/agency or AFC to conduct a criminal history check, including a state and Federal Bureau of Investigation (FBI) fingerprint-based check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

NOTE: Throughout this form:

- “Employee” includes persons independently contracted with and/or those granted clinical privileges.
- Clinical privileges do not apply to adult foster care facilities.

Health Facility or Agency

Licensee Name: _____ **Date:** _____

Employment Applicant Name: _____

Facility Name/License Number: _____

The health facility/agency or AFC:

- a. May not knowingly employ a direct access worker who has been convicted of a disqualifying crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* “Direct access” means regular access to a patient or resident, or to a patient’s or resident’s property, financial information, medical records, treatment information, or any other identifying information.
- b. May terminate the background check or decide not to hire the individual at any stage of the process.
- c. Must ensure that any background check information provided will only be used for the purpose of determining an individual’s suitability for employment in a long-term care setting.
- d. Must retain verification of compliance with background check requirements.
- e. Will make the final employment decision.

* This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or Adult Protective Services Act.



Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for employment:

- a. I hereby consent to and authorize the health facility/agency or AFC to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a fingerprint-based search of state and federal criminal history records. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Licensing and Regulatory Affairs, Human Services, and State Police.
- b. I hereby authorize the release of any relevant information to the health facility/agency or AFC to be used to conduct the background check as required under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b.
- c. I understand, except for a knowing or intentional release of false information, the health facility/agency or AFC has no liability in connection with a background check conducted under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b or the release of criminal history record information for the purposes of making an employment decision.
- d. I understand that the health facility/agency or AFC will make the final employment determination. I also understand that the health facility/agency or AFC may terminate the background check or decide not to hire me at any stage of the process.
- e. I understand that the health facility/agency or AFC, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.
- f. I agree to provide the information necessary to conduct a criminal background check.

Signature of Applicant

Date

Part 2 – This employment applicant information is required to process a complete and accurate criminal record check.

EMPLOYEE PERSONAL INFORMATION

First Name:
Middle Name:
Last Name: Suffix:

OTHER NAME (S) USED (MAIDEN NAME, ALIAS)

First Name:
Middle Name:
Last Name: Suffix:

Date of Birth: Country of Citizenship:

Place of Birth (City, State/Province):

Height: Weight: Hair Color: Eye Color: Gender: Female Male

Race: Asian Black Hispanic Native American Pacific Islander White All

Social Security Number:

ADDRESS

Street Address:
City: State: Zip Code: County:
Phone Number:
Job Title: Conditional Hire Date:

RESIDENCY

Driver's License or State/Canadian ID Number: State/Prov. License/ID Number

Has this employment applicant resided in Michigan continuously for the past 12 months? YES NO

PROFESSIONAL LICENSE(S) /CERTIFICATION(S)

1. License/Certification Number:
2. License/Certification Number:
3. License/Certification Number:

Part 3 – Employment Applicant Disclosure Statements

The following convictions and/or findings may disqualify you from working in a long-term care facility/agency or AFC. “Conviction” includes any plea of guilty or nolo contendere (no contest), including cases that resulted in a deferred sentence or delayed sentence.

- a. **Relevant Crime Described under 42 USC 1320a-7** – The crimes include patient abuse, health care fraud, and any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- b. **Felony** – Any felony, or an attempt or conspiracy to commit any felony.
- c. **Misdemeanor** - Any state or federal crime that is substantially similar to the misdemeanors described below:
 - Any misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
 - Any misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
 - Any misdemeanor involving criminal sexual conduct.
 - Any misdemeanor involving abuse or neglect, torture, or cruelty.
 - Any misdemeanor involving home invasion.
 - Any misdemeanor involving embezzlement, larceny, fraud, theft or second or third degree retail fraud.
 - Any misdemeanor involving negligent homicide.
 - Any misdemeanor involving the possession, use or delivery of a controlled substance.
 - Any misdemeanor involving the creation, delivery, or possession with intent to manufacture or deliver a controlled substance.
- d. **Any finding of Not Guilty by Reason of Insanity**
- e. **A substantiated finding of patient or resident neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r***

Listed below are all offenses that I have been convicted of, including all terms and conditions of sentencing, parole and probation, and/or a substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

I certify that I have no convictions or other actions that would disqualify me from employment and I certify that the above statements are correct and complete to the best of my knowledge.

Signature of Applicant

Date

Part 4 – Conditional Employment

If the health facility/agency or AFC determines it necessary to employ me pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check reveals disqualifying information my employment will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property, I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. I understand that as a condition of continued employment, I am required to report in writing to the health facility/agency or AFC immediately upon being arraigned on a felony charge or convicted of one or more of the criminal offenses as described in MCL 333.20173a, MCL 330.1134a, and MCL 440.734b, or upon becoming the subject of an order or dispositional finding of “Not Guilty by Reason of Insanity”, or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* Reporting of an arraignment is not cause for termination or denial of employment.

Signature of Applicant

Date

Part 5 – Applicant Rights

- a. I understand that upon my request, the health facility/agency or AFC can provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal with the Department of Licensing and Regulatory Affairs and/or Department of Human Services.

Signature of Applicant

Date

Part 6 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health facility/agency or AFC provides to the applicant.