

Date _____

Job Application

Section I – Equal Employment Opportunity Employer

Kindy Care Center, INC. is an equal opportunity employer. In accordance with federal law, Kindy Care Center, INC. does not discriminate based on race, color, national origin, religion, sex (including pregnancy, childbirth, and related medical conditions), sexual orientation, gender identity, disability, age (40 and older) citizenship status and genetic information. In accordance with Michigan state law, Kindy Care Center, INC. does not discriminate based on marital status, AIDS/HIV status, height or weight and misdemeanor arrest record.

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 – Applicants Personal Information

Name – (Please Print) First, Middle Initial, Last _____

Current address – (Please Print) Number & Street _____

City, State & Zip Code _____

HomePhone(_____) _____ Alternate/Cell(_____) _____

Social Security Number – XXX-XX-_____ (last 4 digits)

Are you 18 years of age or older? ()YES ()NO

Can you perform the duties of the job for which you are applying for with or without accommodation? ()YES ()NO

In no, please explain -

Do you have any relatives or a spouse employed by this organization? ()YES()NO

If yes, please provide names -

How did you hear about this position?

Were you referred to this position by someone? ()YES ()NO

If yes, please provide a name -

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

Name – (Please Print) First & Last _____

Home Phone(_____)_____ - _____ 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 enquiry 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 are applying for requires you to drive while on duty, do you have a valid drivers license? ()YES ()NO

Section III – Availability and Interests in Work

For which position have you applied for -

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?

Monday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Tuesday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Wednesday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Thursday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Friday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Saturday	()	Morning	()	Afternoon	()	Evening	()	Overnight
Sunday	()	Morning	()	Afternoon	()	Evening	()	Overnight

On what date are you available to start work? _____

Education –

High School Name _____

Address _____

Did you graduate? () YES () NO Year _____

College _____

Address _____

Did you graduate? () YES () NO Year _____

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

Business or Trade School _____

Address _____

Did you graduate? () YES () NO Year _____

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

Professional School _____

Address _____

Did you graduate? ()YES ()NO Year _____

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

Previous Work Experience –

Company Name _____

Address _____

Phone Number (_____) _____ - _____

Employment Dates (Month & Year) From _____ To _____

Position Title _____

Name of Supervisor _____

Hourly Pay – Start _____ Finish _____

Reason for Leaving _____

Company Name _____

Address _____

Phone Number (_____) _____ - _____

Employment Dates (Month & Year) From _____ To _____

Position Title _____

Name of Supervisor _____

Hourly Pay – Start _____ Finish _____

Reason for Leaving _____

Company Name _____

Address _____

Phone Number (_____) _____ - _____

Employment Dates (Month & Year) From _____ To _____

Position Title _____

Name of Supervisor _____

Hourly Pay – Start _____ Finish _____

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

If no, why? _____

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 (First & Last) _____

Address _____

Phone Number _____

Number of Years Known _____

Name (First & Last) _____

Address _____

Phone Number _____

Number of Years Known _____

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

Name (First & Last) _____

Address _____

Phone Number _____

Number of Years Known _____

Name (First & Last) _____

Address _____

Phone Number _____

Number of Years Known _____

Section VII – Professional Licenses, Certifications and/or Credentials

Do you have any of the following licenses and/or certification?

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 and/or credentials?

()YES ()NO

If yes, please provide details _____

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 Kindy Care Center, INC. and the above referenced organizations, reference persons and employers for 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 personal 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 Kindy Care Center, INC., 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 Health and 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 that I have listed on this job application. Kindy Care Center, INC., the Department of Health and 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 Name (Please Print)

Applicant Signature

Date (Month/Day/Year)

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

Applicant Name (Please Print)

Applicant Signature

Date (Month/Day/Year)

Section IX – At Will Status

In consideration of my employment, I agree to conform to the policies and regulations of Kindy Care Center, INC. I understand and agree that my employment and compensation are for no definite period and, Kindy Care Center, INC. 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 Kindy Care Center, INC. or myself.

Applicant Name (Please Print)

Applicant Signature

Date (Month/Day/Year)