



Application for Employment

A person with a disability requiring accommodations for completing the application process should notify LifeWays as soon as possible.

Michigan law requires that a person with a disability requiring accommodation for employment notify the employer in writing within 182 days after the need is known. Failure to properly notify the employer will preclude any claim that the employer failed to accommodate the person with disabilities.

LifeWays is an Equal Opportunity Employer. It is the policy of LifeWays to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight or disability.

Position Applied For _____

Date of Application _____

How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Are you related to any LifeWays employee?

yes no

Last Name _____

First Name _____

Middle Name _____

Street Address _____

City, State _____

Zip Code _____

Telephone Number(s) Home _____

Other _____

Have you ever filed an application with us before? Yes No If Yes, date _____

Have you ever been employed with LifeWays or Jackson/Hillsdale Community Mental Health Board?

Yes No If Yes, date _____

Are you currently employed?

Yes No If Yes, where? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of U.S. citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Volunteer

Can you travel if a job requires it? Yes No

Do you have a reliable form of transportation available to you to go to and from work? Yes No

Do you meet Michigan's minimum age requirement for work? Yes No

MILITARY SERVICE

Service:	Branch:	Dates of Service _____ to _____
Were you honorably discharged?		Reserve Status:

Describe any specialized training and duties:

EDUCATION

<u>SCHOOL</u>	<u>LOCATION</u>	<u>DEGREES</u>
High School		
Business School		
College/University		
Trade/Vocational School		

Extracurricular activities & honors received in school

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certification. Include license/certification number and expiration date:

Are you eligible for any license or certification? ____ Yes ____ No

Have you ever had a state license or state certification revoked and/or suspended? ____ Yes ____ No

Have you ever been denied a license or certification? ____ Yes ____ No

If you answered yes to any of the above questions, please explain: _____

EMPLOYMENT EXPERIENCE

List your last four employers, or all employers for the last ten years, whichever is greater. **Include any job-related military service assignments and volunteer activities.** Also list and explain any period(s) of unemployment **on an attached sheet.** A "resume" is not acceptable.

Employer:		Dates (month and year) From _____ To _____	
Address (Street, City, State, Zip Code):		Telephone:	
Supervisor (Name & Title):	Your Title:		Salary:
Duties & Responsibilities:			
Reason for leaving:			

Employer:		Dates (month and year) From _____ To _____	
Address (Street, City, State, Zip Code):		Telephone:	
Supervisor (Name & Title):	Your Title:		Salary:
Duties & Responsibilities:			
Reason for leaving:			

Employer:		Dates (month and year) From _____ To _____	
Address (Street, City, State, Zip Code):		Telephone:	
Supervisor (Name & Title):	Your Title:		Salary:
Duties & Responsibilities:			
Reason for leaving:			

Employer:		Dates (month and year) From _____ To _____	
Address (Street, City, State, Zip Code):		Telephone:	
Supervisor (Name & Title):	Your Title:		Salary:
Duties & Responsibilities:			
Reason for leaving:			

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to use in considering your application.

CRIMINAL HISTORY AND CONVICTIONS

Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

If Yes, please explain (Give date(s) of conviction(s) and offense(s)). _____

Do you have any felony charges pending against you? Yes No

If Yes, please explain: _____

Any person answering yes to conviction or pending charges or felony or misdemeanor shall be subject to a criminal background check.

REFERENCES: Give the name, address and telephone number of three references who are not related to you and can attest to your work experience and history. If the applicant is applying for a clinical position, references are expected to attest to clinical competence.

Name _____ Telephone () _____

Address _____

Address _____

Name _____ Telephone () _____

Address _____

Address _____

Name _____ Telephone () _____

Address _____

Address _____

CERTIFICATION

I understand that I may be required to submit to a post-offer physical examination, which may include a drug test prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards and current and previous employers to release any requested information to LifeWays.

I also specifically waive written notice from any and all former employers regarding their disclosure to LifeWays of any prior disciplinary actions and waive any claim against LifeWays and current or former employers arising from such investigation or disclosure, *including, but not limited to, slander and libel, that may result from furnishing any information to you.* I also waive the right to receive written notice in accordance with the Bullard-Plawecki Employee Right-to-Know Act from my current or former employer or employers for the disclosure of the information described in this authorization to LifeWays. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, an immediate dismissal at the sole discretion of LifeWays.

I agree to conform to the rules and regulations of LifeWays and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment and compensation is "at will". I understand that no manager or representative of LifeWays has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized representative of LifeWays and by me or my authorized representative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of LifeWays, regardless of any contrary provisions in any other forms, manuals, handbooks or other documents. Similarly, such employment shall be at wages, benefits, hours and conditions as LifeWays may determine and change from time to time. I understand that no one, other than authorized representatives of LifeWays, has any authority to enter into an agreement with me contrary to the provisions of this paragraph, and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

I agree that any action or suit against the Employer arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

It is with full understanding and agreement with the provisions of this Certification that I will accept any employment offered to me.

Date

Signature of Applicant