

CHRISTIAN LIVING SERVICES EMPLOYMENT APPLICATION

Today's Date	Position Applied For	Preferred Shift(s): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Other	Check all that apply: <input type="checkbox"/> HHS, Health Options® <input type="checkbox"/> Faith Hospice <input type="checkbox"/> Helpers of Holland Home <input type="checkbox"/> Rehab Dimensions	<input type="checkbox"/> Breton <input type="checkbox"/> Fulton <input type="checkbox"/> Raybrook <input type="checkbox"/> HomeCare <input type="checkbox"/> Staffing Resources
Name (Last, First, Middle)				

Current Address (Street, City, State, Zip Code)

Telephone Number	Specific days/times not available	How did you hear about us?
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Wage Expectation	Date available to start work	Employment status desired <input type="radio"/> Full Time <input type="radio"/> Part Time
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Have you ever been employed here? <input type="radio"/> Yes <input type="radio"/> No If so, when? _____	Have you ever been a volunteer here? <input type="radio"/> Yes <input type="radio"/> No If so, when? _____
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Do you have the legal right to remain and work in the United States? <input type="radio"/> Yes <input type="radio"/> No	Are you 18 years of age or older? <input type="radio"/> Yes <input type="radio"/> No Are you 15 years of age or younger? <input type="radio"/> Yes <input type="radio"/> No
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Have you ever been suspended or discharged from employment? Yes No If Yes, Explain _____

EDUCATION / PROFESSIONAL SKILLS

	Name and Location of School	Dates Attended (from/to)	Circle Highest Year Completed	Major and Minor Fields of Study	Degree(s) or Diploma
High School			9 10 11 12		
Technical/Vocational					
College/University			1 2 3 4		
Other					

Honors Received: _____

PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications.

Have you ever had any professional licenses or certificates placed under investigation, disciplined, suspended, revoked or put on probation? Yes No If Yes, Explain _____

Have you ever been denied a license or certification? If Yes, Explain _____

EMPLOYMENT HISTORY- List your last three employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please fill all blanks completely. "See Résumé" is not acceptable.

	Most Recent Job	Job 2	Oldest Job
Employer			
Address/Location (Include City, State, & Zip)			
Dates Employed	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.
Position(s) Held			
Supervisor's Name			
Employer Telephone Number			
Starting Salary/Wages	\$	\$	\$
Final Salary/Wages	\$	\$	\$
Responsibilities			
Reason for Leaving			

CRIMINAL HISTORY- Christian Living Services will obtain criminal background check for every applicant hired.

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

Have you ever been convicted or have you pled guilty or no contest to a crime? Yes No

If you answered YES to either of the two preceding questions, explain by giving the date, nature of the offense and circumstances on an attached, signed sheet. I understand that if Christian Living Services should determine at any time, whether before or during my employment with Christian Living Services, that any of the requested information was withheld by me, or that any of the statements furnished in this section were false or misleading, I may be refused employment or, if employed, discharged immediately.

CERTIFICATION OF APPLICANT

I hereby represent that the above statements and information are true and complete. I have not withheld anything from this Application which, if disclosed, would affect this Application unfavorably. I understand that if Christian Living Services should determine at any time, whether before or during my employment with Christian Living Services, that any of the requested information was withheld by me, or that any of the statements furnished in this Application were false or misleading, I may be refused employment or, if employed, discharged immediately.

I understand that I will be free to resign my employment at any time with or without cause; and I understand and agree that Christian Living Services also may terminate my employment at any time with or without cause.

If I become employed with Christian Living Services, I will comply with all rules, regulations, policies and communications directed to employees.

I hereby authorize Christian Living Services to conduct a routine criminal background check and thoroughly investigate my work, medical and personal history that is job related. I agree to submit to a post employment offer drug screen, and, if I become employed, I will cooperate in such additional testing as Christian Living Services requests whenever it determines it has reasonable cause to do so. Also, if I am extended an offer of employment, I agree to submit to a physical examination prior to employment, and understand that my employment is conditional upon my passing the physical examination satisfactorily. During each of these screenings or examinations, I agree to disclose completely all information requested about my physical condition and medical history; and hereby waive, release and promise not to make any claims against Christian Living Services (or any testing agency retained, its employees, owners or agents) relating to any such screening or examinations, or from decisions made regarding my employment or termination of employment based upon the results.

I agree to the above terms of employment if I become employed by Christian Living Services. Should I become employed, I understand and agree that these provisions of my employment can be revised only in writing and signed by the President of Christian Living Services, and that no other person in Christian Living Services has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all benefits, programs, rules, schedules and policies of Christian Living Services are subject to exceptions and changes at any time as decided by Christian Living Services in its sole discretion.

Signature of Applicant

Date

If you have any questions, please contact:
Christian Living Services - Human Resources Department

2100 Raybrook SE Suite 300 tel 616.235.5074
Grand Rapids, MI 49546 fax 616.235.8697

NOTICE

AN INVESTIGATION CONSUMER REPORT CONSISTING OF A CRIMINAL BACKGROUND CHECK WILL BE OBTAINED ON ALL NEW EMPLOYEES OF CHRISTIAN LIVING SERVICES. THIS REPORT WILL BE USED FOR EMPLOYMENT PURPOSES ONLY. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION. IN THE EVENT YOU DESIRE THIS INFORMATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT.

This Notice is authorized by the Fair Credit Reporting Act, Section 604(b).

CHRISTIAN LIVING SERVICES APPLICANT

AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK

I, _____ AUTHORIZE CHRISTIAN LIVING SERVICES TO OBTAIN A CRIMINAL BACKGROUND CHECK FROM THE STATE POLICE DEPARTMENT, COUNTY SHERIFF DEPARTMENT, FBI AND/OR A CONSUMER REPORTING AGENCY FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH CHRISTIAN LIVING SERVICES.

I HAVE LISTED BELOW ALL CRIMES FOR WHICH I HAVE BEEN CONVICTED, INCLUDING THE DATE OF SUCH CONVICTION, AS WELL AS ANY PENDING FELONY CHARGES. I ACKNOWLEDGE THAT ANY OMISSION OR FALSIFICATION OF THIS FORM SHALL BE GROUNDS FOR DISCHARGE IF I AM EMPLOYED, OR GROUNDS FOR CHRISTIAN LIVING SERVICES TO REFUSE TO FURTHER CONSIDER MY APPLICATION FOR EMPLOYMENT.

CRIMINAL CONVICTIONS OR PENDING FELONY CHARGES
(INCLUDING CRIME, DATE, AND CITY/COUNTY INVOLVED).

Print Full Name

Current Address

Signature of Applicant

Date

Agreement to Notify Employer of Arraignment or Conviction*

Pursuant to Public Act 27, 28, and 29 of 2006 I agree, that as a condition of employment or contract, I will immediately report to **Christian Living Services, Director of Human Resources** any arraignment or conviction of one or more of the criminal offenses listed below:

- **Felony** – Any felony or an attempted or conspiracy to commit any felony.
- **Misdemeanor** – A misdemeanor listed below.
 - A misdemeanor involving abuse or neglect.
 - A misdemeanor involving cruelty or torture.
 - A misdemeanor involving criminal sexual conduct.
 - A misdemeanor that involves vulnerable adult abuse under the Michigan Panel Code, 1931 PA 328, MCL 750.145m to 750.145r.
 - A 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 threat of the use of force or violence.
 - A misdemeanor involving home invasion.
 - A misdemeanor involving embezzlement.
 - A misdemeanor involving negligent homicide.
 - A misdemeanor involving larceny.
 - A misdemeanor of retail fraud.
 - Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance.
 - A 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.
 - A misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances

I also agree to immediately report whether I become the subject of an order or disposition finding of not guilty by reason of insanity.

I further agree to immediately report being the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in relation to a skilled nursing facility.

Print Full Name

Date

Signature

***Please Note:** This notification obligation applies to all workers regardless of their date of hire pursuant to Public Act 26, 27, 28, and 29 of 2006. By April 1, 2006 this form must be on file for all direct access workers. Previously signed forms executed pursuant to PA 59 of 2004 and PA 303 of 2002 will be outdated and insufficient.