



APPLICATION FOR EMPLOYMENT

Please print legibly and complete all sections of the application.

Name: _____ Date of application: _____
(Last) (First) (Middle)

Address: _____
(No. and Street) (City) (State) (Zip)

Phone: (____) _____ E-mail: _____

HOW DID YOU LEARN ABOUT US? (Please check one)

____ Current Employee (List employee's name) _____

____ Advertisement (Indicate where you saw the ad) _____

____ Other: (Please describe) _____

1. What position(s) are you applying for? _____
2. Would you prefer: _____ Full-time _____ Part-time _____ temporary _____ Contingent _____ Summer Only
3. List any days or hours that you are NOT willing to work: _____
4. Check which county(s) you are willing to work in: _____ Clare _____ Isabella _____ Gratiot _____ Montcalm _____ Other
5. Are you employed now? _____ If yes, where? _____ Date available for work: _____
6. Were you previously employed by MMI? _____ yes _____ no
If yes, under what name? _____ Start date: _____ End date: _____
7. Have you previously applied for work at MMI? _____ yes _____ no
If yes, under what name? _____ When? _____
8. Have you ever been convicted of a crime? _____ yes _____ no
If yes, describe: _____
9. Is there any felony charges pending against you? _____ yes _____ no
If yes, describe: _____
10. Are you legally eligible for employment in the United States? _____ yes _____ no
(Proof of citizenship or immigration status will be required upon employment)
11. Are you 18 years of age or older? _____ yes _____ no

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, non-job-related medical condition or handicap, or other legally protected status. Auxiliary aids and services for completing this application are available to persons with disabilities upon request.

We are an Equal Opportunity Employer.

12. Are you currently on lay-off status and subject to recall? _____yes _____no

13. Have you ever been discharged or asked to resign from a job? _____yes _____no
(Please include any discharges that were subsequently converted to resignations)

If yes, please explain: _____

14. During the past 5 years, were you ever unemployed for longer than 6 months?

_____yes _____no If yes, explain: _____

15. If the position for which you are applying requires driving on behalf of the agency, we must conduct a check of your driving record. Do you authorize the agency to conduct a records check on your license? _____yes _____no

If yes, please record your license number: _____ State: _____

If yes, do you currently have any points on your license? _____yes _____no # of points: _____

16. Are you related to any board member, employee or client of MMI? _____yes _____no

If yes, please indicate name and relationship: _____

EDUCATION AND TRAINING:

SCHOOL	NAME OF SCHOOL CITY AND STATE	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE
GRADUATE PROGRAM				
COLLEGE				
BUSINESS/ TECHNICAL				
HIGH SCHOOL				

17. Have you completed the Dept. of Mental Health curriculum for Direct Care Workers? _____yes _____no

If yes, when? _____ What agency provided the training? _____

18. Are you certified in First Aid or CPR? _____yes _____no Expiration dates: First Aid _____ CPR _____

19. Please list additional training or certifications that you have that would be relevant to this position: _____

20. Please list any volunteer experience or professional memberships that would be relevant to the job:
(Exclude those which may disclose your race, color, religion or national origin)

21. Please indicate your proficiency with any work-related equipment or office machines: _____

EMPLOYMENT HISTORY: *(Start with most recent employer; include military experience)*

Employer	Phone ()	Dates of Employment From: To:
Address	City, State, Zip	Position Title:
Job Duties:		
Supervisor's Name:		May we contact this employer?
Reason for Leaving:		Salary/Wages Starting: Final:

Employer	Phone ()	Dates of Employment From: To:
Address	City, State, Zip	Position Title:
Job Duties:		
Supervisor's Name:		May we contact this employer?
Reason for Leaving:		Salary/Wages Starting: Final:

Employer	Phone ()	Dates of Employment From: To:
Address	City, State, Zip	Position Title:
Job Duties:		
Supervisor's Name:		May we contact this employer?
Reason for Leaving:		Salary/Wages Starting: Final:

Employer	Phone ()	Dates of Employment From: To:
Address	City, State, Zip	Position Title:
Job Duties:		
Supervisor's Name:		May we contact this employer?
Reason for Leaving:		Salary/Wages Starting: Final:

PERSONAL REFERENCES: *(List three people not related to you who are familiar with the quality of your work and whom you have known for at least a year)*

Name	Address	Relationship	Phone

Please read the statements below and sign to confirm your understanding. Applications will not be considered without signature.

STATEMENT

I certify that all statements made on this application and applicable attachment(s) are true and that I have not withheld any facts or circumstances which would, if disclosed, affect my application unfavorably. I fully understand that the misrepresentation or omission of facts or circumstances will be sufficient cause for the cancellation of my consideration for employment or cause for dismissal if I have already been employed.

I authorize the investigation of all statements contained in this application and applicable attachment(s) and the further investigation of any information required to determine my qualifications for the position(s) for which I am applying. I authorize current and former employers, schools and other sources to release any information required by MMI to determine my qualifications for the positions for which I am applying and hereby release all individuals and organizations for any liability or damages on account of having furnished such information. I waive any right under Public Act 397 or 1978 to receive any written notice from the organization, former employers, and other sources that such information has been released.

I understand and agree that if an offer of employment is made, I may be required to submit to a pre-employment screening. I also understand and agree that if I should become employed by the organization to tests for alcohol and drug use prior to my employment and periodically thereafter.

I understand and agree that if I should become employed by MMI, my employment will be governed by the organization's personnel policies applicable to my position. I also understand and agree that MMI's personnel policies may be changed by the organization at its discretion from time to time.

I understand and agree that this application is not intended to be a contract of employment. Should I become employed, my employment is not for any specified period of time and is terminable at the will of MMI without cause or notice. Modifications of the at-will employment relationship will not be valid unless reduced to writing and signed by myself and the organization's President.

Signature of Applicant: _____ Date: _____

MMI
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