



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)

County of Residence: _____

Phone: (____) _____ Alternate 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 ____ Contingent ____ Seasonal
3. List any days or hours that you are unable to work: _____
4. In which county(s) are you able to work? ____ Clare ____ Isabella ____ Gratiot ____ Montcalm ____ Other
5. Are you currently employed? ____ 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 ever been convicted of a crime? ____ Yes ____ No
If yes, describe: _____
8. Are there any felony charges pending against you? ____ Yes ____ No
If yes, describe: _____
9. Are you legally eligible for employment in the United States? ____ yes ____ No
(Proof of citizenship or immigration status will be required upon employment)
10. If you are under the age of 18, can you provide a work permit? ____ Yes ____ No ____ N/A

All applicants will be considered for employment regardless of race, religion, sex, national origin, disability, or other legally protected status. If you need accommodations in completing this application, assistance will be available upon request.

MMI is an Equal Opportunity Employer.

11. Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

If yes, please explain: _____

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

____ Yes ____ No If yes, explain: _____

13. 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 currently have any points on your license? ____ Yes ____ No # of points: _____

14. Are you related to any board member, employee or client of MMI? ____ Yes ____ No

If yes, please indicate name and relationship: _____

EDUCATION

SCHOOL	NAME OF SCHOOL CITY AND STATE	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
High School				
College/ University				
Other				

15. Please list any trainings or certifications that you have had which may be relevant.

16. Have you completed the Dept. of Mental Health curriculum for Direct Care Workers? ____ Yes ____ No

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

17. Are you certified in First Aid? ____ Yes ____ No Expiration date: _____

18. Are you certified in CPR? ____ Yes ____ No Expiration date: _____

19. Please list any volunteer experiences that you have had:

20. Please list any professional memberships that you belong to:
(Exclude those which may disclose your race, color, religion or national origin)

20. 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? ____ Yes ____ No ____ Later
Reason for Leaving:	

Employer Phone ()	Dates of Employment From: To:
Address City, State, Zip	Position Title:
Job Duties:	
Supervisor's Name:	May we contact this employer? ____ Yes ____ No ____ Later
Reason for Leaving:	

Employer Phone ()	Dates of Employment From: To:
Address City, State, Zip	Position Title:
Job Duties:	
Supervisor's Name:	May we contact this employer? ____ Yes ____ No ____ Later
Reason for Leaving:	

Employer Phone ()	Dates of Employment From: To:
Address City, State, Zip	Position Title:
Job Duties:	
Supervisor's Name:	May we contact this employer? ____ Yes ____ No ____ Later
Reason for Leaving:	

PROFESSIONAL OR 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	Professional/ Personal	Email	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 physical examination by the organization's designated physician. I also understand and agree that if I should become employed by the organization I may be required to successfully complete a physical examination periodically thereafter in accordance with State and Federal Regulations. I also understand and agree that I may be required to submit 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: _____

To submit your application, you may:

1. Print your completed form and fax to: 989-773-1317
2. Email it as an attachment to: HR@mmionline.com
3. Mail it to the following address:

Mid Michigan Industries
2426 Parkway Drive
Mt. Pleasant, MI 48858

Phone: 989.773.6918

Fax: 989.773.1317

E-Mail: hr@mmionline.com

Michigan Relay Center: 800.649.3777 Voice & TDD