

Turning Leaf Residential Rehabilitation Services, Inc.

An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT
NON-CLINICAL POSITIONS**

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

INSTRUCTIONS: Complete the applications form in full. Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have room on the application. Resumes may not be used for application purposes. PLEASE PRINT, except for signature line on the back of the application. If you need help or a reasonable accommodation in order to complete this form, please notify the Human Resource Department for assistance.

Today's Date: _____

Position Desired _____

IDENTIFYING INFORMATION

Last Name

First Name

Middle Initial

Current Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Alternate contact: _____ SSN: _____

Date Available to Begin Employment: _____ Status: Full-Time Part-Time

Shift Availability: 8/4pm 4/12am 12/8am

Days Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

List languages, other than English, that you are fluent in: _____

EDUCATION

High School/GED

School Name: _____ Dates Attended: _____

Degree Completed? _____

School Name: _____ Dates Attended: _____

Degree Completed? _____

College/Undergraduate Education

School Name: _____ Dates Attended: _____

Area of Study: _____ Diploma Received: _____

School Name: _____ Dates Attended: _____

Area of Study: _____ Diploma Received: _____

Graduate Education

School Name: _____ Dates Attended: _____

Area of Study: _____ Diploma Received: _____

School Name: _____ Dates Attended: _____

Area of Study: _____ Diploma Received: _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time, including military services and any period of unemployment.

Employer: _____ Dates of Employment: _____

_____ Full-Time _____ Part-Time _____ Temporary

Employer Address: _____

Position: _____ Starting Wage: _____ Ending Wage: _____

Name/Title of Supervisor: _____

Specific Duties: _____

Reason For Leaving: _____

Employer: _____ Dates of Employment: _____
_____ Full-Time _____ Part-Time _____ Temporary

Employer Address: _____

Position: _____ Starting Wage: _____ Ending Wage: _____

Name/Title of Supervisor: _____

Specific Duties: _____

Reason For Leaving: _____

Employer: _____ Dates of Employment: _____
_____ Full-Time _____ Part-Time _____ Temporary

Employer Address: _____

Position: _____ Starting Wage: _____ Ending Wage: _____

Name/Title of Supervisor: _____

Specific Duties: _____

Reason For Leaving: _____

ADDITIONAL INFORMATION

Have you worked under any other name (If yes, please provide)?: _____

Have you ever been employed at TLRRS (If yes, indicate when)?: _____

How were you referred to Turning Leaf Residential Rehab.? _____

Have you ever been fired or asked to resign from a job (If yes, please explain)?: _____

If hired, can you furnish proof you are eligible to work in the United States? _____

Have you ever been convicted of any law violation (except minor traffic violation). If yes, please explain: _____

Are you presently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

FOR DRIVING POSITIONS ONLY

_____ N/A

Do you have a valid Driver's License?: _____ Yes _____ No

Driver's License #: _____

State where Driver's License was issued: _____

Have you been convicted of a driving violation within the past 5 years: _____ Yes _____ No

If yes, please explain: _____

REFERENCES

Please list three individuals who are not related to you and who do not live with you. Preferred references are professionals who have worked with you, academic references, and people who can speak to your skills (for example, volunteer work supervisor).

Name/Title: _____ Telephone #: _____

Address: _____

Relationship: _____ How many years known: _____

Name/Title: _____ Telephone #: _____

Address: _____

Relationship: _____ How many years known: _____

Name/Title: _____ Telephone #: _____

Address: _____

Relationship: _____ How many years known: _____

CERTIFICATE OF APPLICANT

Please read and initial each paragraph below. Please ask the interviewer for assistance in necessary.

_____ I hereby authorize TLRRS to thoroughly investigate my references, work records, education, and any other matters related to my suitability for employment. I authorize my current and former employers to disclose written documentation and any other information pertaining to my employment with them, without providing me prior notice of such disclosure. In addition, I hereby release TLRRS, my current/former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between TLRRS and me. In addition, I understand and agree that if I am employed, my employment relationship with TLRRS is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either TLRRS or myself, and that no promises or representations contrary to the foregoing are binding on TLRRS unless made in writing and signed jointly by the Executive Director and myself.

_____ I understand and agree that any future changed in my title, duties, compensation, working conditions, and/or TLRRS benefits, policies and procedures will not alter out at-will and arbitrations agreements.

_____ I understand that, if offered employment, I will, as a condition of my employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by TLRRS's auto insurance, if required for my position. Coverage amounts must at least meet minimum requirements as set froth by the State of Michigan.

_____ Criminal background check.

_____ Health status statement and authorization to verify.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this application for employment.

Applicant Signature

Date

This application for employment will remain active for a period of time not to exceed 120 days. The authorization for release of information shall be valid for the same period of time. Any applicant wishing to be considered beyond this period should reapply.