



APPLICATION FOR EMPLOYMENT
COMMUNITY ALLIANCE
Community Residence Corporation
301 W. Michigan Ave. suite 102
Ypsilanti, MI 48197
(734) 482-3300 phone (734) 482-3894 fax

Community Alliance is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, sexual orientation, age, weight, height, color or disability, in the hiring, promotion, payment or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

We will not discriminate against a person with a covered disability under the ***Americans with Disabilities Act*** in regard to employment practices, or terms, conditions, and privileges of employment.

This application form is a legal document. Complete this form carefully, completing all items.

Name: _____ S.S. No. XXX-XX- _____ (last 4 digits only)

Address: _____ City: _____ State: _____

Zip: _____ Phone No. () _____ Email Address: _____

Position applied for: _____

Have you received and read the job description for all positions applied for? Yes No

Can you perform the duties of the job for which you are applying with or without accommodation? Yes No
If no, please explain: _____

Do you currently have a valid Drivers License? Yes No **DRIVER'S LICENSE #:** _____

Are you 18 years old or older? Yes No

Are you interested in Full Time or Part time work? Full time Part time

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime hours is expected for continued employment. Are you able to meet this requirement? Yes No

On which days and shifts are you available to work

Mondays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Tuesdays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Wednesdays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Thursdays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Fridays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Saturdays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights
Sundays	_____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Midnights

On what date are you available to start work? _____

Have you previously filed an application with Community Alliance or its initiatives Community Residence, Community Living Network?

Yes No

Have you previously been employed with Community Alliance (or its initiatives Community Residence, Community Living Network)?

Yes No

If yes, give dates of application and/or employment, and indicate if under a different name: _____

EDUCATION

School and Location	Did you graduate?	Subjects of Study Degree(s) Received
High school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, 2 yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, 4 yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional training: _____

EXPERIENCE

List most recent employer first, including military. This section **must** be completed even when submitting a resume.

Date	Employer Name, Complete Address, and Phone Number	Job Title	Job Responsibilities	Reason For Leaving
From: To:				
From: To:				
From: To:				
From: To:				

PERSONAL REFERENCES

(Please list four, **not** former employers or relatives)

NAME OF REFERENCE	PHONE NO.	HOW DO YOU KNOW THIS REFERENCE?
1)		
2)		
3)		
4)		

Please indicate the names of any relatives already employed by Community Alliance : _____

Have you ever been convicted of a crime in this state or any other state ? [] Yes [] No. **[NOTE: Affirmative answers to this question may not automatically preclude you from consideration from employment.]** If yes, please explain: _____

Are there any felony charges pending against you in this state or any other state? [] Yes [] No. If yes, please explain: _____

Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? [] Yes [] No If yes, when, where and nature of the case: _____

Are you on a court-supervised probation or parole? [] Yes [] No If yes, please explain: _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

- Department of Human Services? [] Yes [] No
- Department of Community Health [] Yes [] No
- A local Community Mental Health Recipient rights Office? [] Yes [] No
- Any other recipient rights office? [] Yes [] No

If yes is answered to any of the above, please explain (Attach additional pages if necessary): _____

In case of emergency, whom should we contact?

NAME: _____

PHONE NO.:(_____) _____

*******PLEASE READ EACH OF THE ITEMS ON THE FOLLOWING PAGES, INITIAL AFTER EACH SECTION INDICATING YOU HAVE READ IT AND SIGN AT THE END OF THIS APPLICATION INDICATING THAT YOU HAVE READ AND UNDERSTAND WHAT YOU HAVE READ. PLEASE ASK ANY QUESTIONS THAT YOU HAVE REGARDING ANY OF THESE ITEMS.*******

DRIVING RECORD

It is the policy of Community Alliance (CA) that all staff and drivers of CA's vehicles shall have a valid operators license or chauffeur's license as required by Michigan law, and be insurable under the CA vehicle insurance policy. Staff is defined as all CA's Direct Support Staff, Supported Living Supervisors, and Administrative Staff who may be required to drive a CA vehicle, transport our clients in a CA vehicle, including emergency situations. An employee's driving record must satisfy CA administration as to the safety of the clients they transport. The following information will be provided to The Department of Motor Vehicles in Lansing and to our insurance carrier: Employee Name, Date of Birth, and Driver's License Number. The driving record of all CA employees **must** meet safe driver standards of the State of Michigan, CA and our insurance carrier. The process of checking an employee's driving record is done by CA and can sometimes take a great deal of time. Therefore, any employee that does not meet the driving standard described herein, will be immediately terminated, regardless of when the issue is discovered. An employee whose driving record reveals (but not limited to) any of the following will be considered uninsurable and subject to immediate discharge.

1. Currently suspended license, or driving while license is suspended.
2. Three At Fault accidents within three years not resulting in injury.
3. Accumulation of 15 or more points in three years.
4. A single conviction of a 6 point violation or any of the following infractions:
 - a. At Fault accident resulting in a conviction.
 - b. Felonious use of vehicle.
 - c. Operating vehicle while under the influence of alcohol or drugs.
 - d. Operating a vehicle while impaired.
 - e. Fleeing accident.
 - f. Careless and/or reckless driving and/or careless driving.
 - g. Fleeing an officer.

This policy will be strictly adhered to and enforced. The fact that any employee in any of the job classifications listed above drives infrequently or has never had the opportunity to drive while on the job, does not alter this policy in any way. CA adheres to the Fair Credit Reporting Act and all other applicable State, and Federal Laws.

Candidate Initials: _____

CRIMINAL BACKGROUND CHECKS

Community Alliance is funded with federal Medicaid dollars. All employees must pass the following background checks to secure employment: IChat; Office of Recipient Rights (WC); Department of Motor Vehicles; Department of Homeland Security; Office of Inspector General; CHAMPS Michigan Department of Health and Human Services.

Candidate Initials: _____

AT-WILL STATUS OF EMPLOYMENT

I understand that the nature of the employment relationship with Community Alliance is "at-will". This means that at the sole discretion of either Community Alliance or the employee, the relationship may be terminated with or without cause and with or without notice at its sole discretion. Nothing within Community Alliance operates to change the status of the employee from at-will to any other status.

Personnel practices, including the right to hire, transfer, suspend or discharge, to relieve employees from duty and to maintain discipline and efficiency of employees, rests exclusively in the sole discretion of Community Alliance. Community Alliance may introduce new administrative methods and job requirements as changing needs indicate.

Candidate Initials: _____

Community Alliance, 301 W Michigan Avenue, Ste 102, Ypsilanti, MI 48197 fax: 734-482-3894

GENERAL RELEASE OF INFORMATION

I hereby give Community Alliance (301 W Michigan Avenue, Ypsilanti, MI) my permission to contact the employers, references and educational institutions listed on this application to verify accuracy. I expressly and fully waive all written notice from all prior employers.

I understand that because of the nature of the vulnerable population served by Community Alliance and licensing requirements imposed by the State of Michigan, a thorough background check is required.

I hereby consent to the release of this application or portions of this application to representatives of the Department of Health and Human Services (CHAMPS); Office of Recipient Rights Community Mental Health; IChat State Police of Michigan; Michigan Department of Motor Vehicles; Department of Homeland Security; Centers of Medicare and Medicaid and other various governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application.

I hereby release Community Alliance and all parties listed in the previous sentence from all claims, liability and damages that may result from furnishing the information in this application.

PRINT YOUR NAME: _____ PRINT YOUR ADDRESS: _____

SIGNATURE _____

DATE _____

*****ALL APPLICANTS MUST READ AND SIGN BELOW*****

I certify that all answers given in this Application for Employment are true and complete. I certify that I have read and fully understand the items printed above: **"Driving Record", "Criminal Background Checks", "At-will Status of Employment", and the "General Release of Information"**.

In the event of my employment, I understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

I understand that this application or any other Community Alliance documents are not contracts of employment.

PRINT YOUR NAME: _____

SIGNATURE _____

DATE _____

This application will be kept on file for go days. You need to complete another application to be reconsidered after this date.