



APPLICATION FOR EMPLOYMENT
 COMMUNITY ALLIANCE
Community Residence Initiative
 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 handicap, 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 or handicap 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 or Community Housing Alternatives)?

Yes No

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

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:				

*******PLEASE READ EACH OF THE FOLLOWING ITEMS AND SIGN AT THE END OF THIS APPLICATION INDICATING THAT YOU HAVE READ EACH ONE. PLEASE ASK ANY QUESTIONS THAT YOU HAVE REGARDING ANY OF THESE ITEMS.*******

HEPATITIS B

I have been made aware that, if employed, I will be working with known Hepatitis B carriers, which may put me at risk of contracting this virus. I have also been given information about Hepatitis B and the vaccination. If employed, I will receive further detailed information and training regarding Hepatitis B and other bloodborne diseases, and will be given the option to receive the Hepatitis B Vaccine at no cost to me.

DRIVING RECORD

It is the policy of Community Alliance that all staff and drivers of Community Alliance's vehicles shall have a valid operators license or chauffeur's license as required by law, be insurable under the Community Alliance automobile insurance policy. Staff is defined as all Community Alliance's Direct Support Staff, Lisenced Residential and Supported Living Supervisors, and Administrative Staff who may be required to drive a Community Alliance vehicle, transport residents in a Community Alliance vehicle, including emergency situations. An employee's driving record must satisfy Community Alliance administration as to the safety of the recipients of service they transport and be insurable by our carriers. The following information will be provided to our insurance carrier: Employee Name, Date of Birth, and Driver's License Number. The driving record of each individual in a job classification listed above **must** meet the standards of Community Alliance and our insurance carrier. The process of checking an employee's driving record is done by Community Alliance and can sometimes take a great deal of time. Therefore, any employee that does not meet the driving standard of Community Alliance and our insurance carrier will be immediately discharged, 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 in 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. Community Alliance adheres to the Fair Credit Reporting Act and all other applicable State, and Federal Laws.

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.

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.

Nothing within Community Alliance operates to change the status of the employee from at-will to any other status. All disciplinary provisions described in the Employee Manual, Standard Work Rules and Disciplinary Action Guidelines of Community Alliance are advisory. Community Alliance expressly reserves the right to terminate any employee at the sole discretion of Community Alliance.

Any representations that change the employee status from an at-will employment status must be in writing and signed by the CEO of Community Alliance or designee. Any other purported changes in the at-will nature of the employment arrangement are without any effect.

GENERAL RELEASE OF INFORMATION

I hereby give Community Alliance my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Community Alliance and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to Community Alliance. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, and local Community Mental Health agencies 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, Department of Human Services, Department of Community Health, and local Community Mental Health agencies and other various governmental or private agencies from all claims, liability and damages that may result from furnishing the information to you

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to Community Alliance.

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: **"Hepatitis B", "Driving Record", "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, and that any individual who is hired may voluntarily terminate employment, and may be terminated by Community Alliance at any time and for any reason. I further understand that in the event of my employment with Community Alliance, I agree to abide by all rules and regulations of Community Alliance.

SIGNATURE_____

DATE_____

This application will be kept current for 90 days. You need to complete another application to be reconsidered after this date.