

JOB APPLICATION

We are 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, age, weight height, color or handicap, in the hiring, promotion, payment, or discipline of employees.

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

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.

NAME _____ S.S. NO. _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NO. _____

Do you currently have a valid driver's license? _____ Yes _____ No

DRIVER'S LICENSE NUMBER _____

Are you 18 years or older? _____ Yes _____ No

Position applied for _____

Did you receive job descriptions for all positions applied for? _____ Yes _____ No

Can you perform the duties of the job in which you wish to be employed, with or without accommodation?
_____ Yes _____ No

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

Have you ever been convicted of a crime? _____ Yes _____ No If yes, please explain.

Are there any felony charges pending against you? _____ Yes _____ No If yes, please explain.

Are you on court-supervised probation or parole? _____ 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 so, when, where, and nature of the case

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 Commerce/Department of Consumer and Industry Services _____ Yes _____ No
Department of Social Services/Family Independence Agency _____ 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.)

Have you ever been employed by this organization before? _____ Yes _____ No
If yes, give dates employed, and indicate if employed under a different name.

Please indicate the names of any relatives already employed by this employer:

EDUCATION

High School attended _____ City/State _____
Graduate _____ or GED _____

ADDITIONAL EDUCATION

SCHOOL ADDRESS _____ DEGREE _____ MAJOR _____ GPS _____

PERSONAL REFENCES (no relatives please)

NAME _____ ADDRESS _____ PHONE NUMBER _____

EMPLOYMENT REFERENCES

NAME/POSITION _____ BUSINESS _____ PHONE NUMBER _____

EXPERIENCE

List most recent employer first:

EMPLOYER _____ ADDRESS _____ JOB TITLE _____ DATES _____ REASON LEFT _____

I hereby give you permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release Innovative Housing and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. 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 Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community Health, the 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 damages that may result from furnishing the information to you.

SIGNATURE _____ DATE _____

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

SIGNATURE _____ DATE _____

In consideration of my employment, I agree to conform to the rules and regulations of Innovative Housing Development Corporation. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Innovative Housing Development Corporation or myself. I further understand that no one other than Edward H. Schultz, Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. Any such agreement must be in writing and signed by the Director. I further understand that at such time of discharge from the corporation, I am barred from any claims of wrongful discharge after six months from the date of separation of employment.

SIGNATURE _____ DATE _____

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

Innovative

HOUSING DEVELOPMENT CORPORATION

3051 Commerce Dr., Suite 5 • Fort Gratiot, MI 48059
(810) 385-4463 • (810) 385-4464 • Fax (810) 385-8875
www.innovativehousing.org

FAIR CREDIT REPORTING ACT/INTENT TO OBTAIN CONSUMER REPORT

Pursuant to the Fair Credit Reporting Act, we are providing this notice that a consumer report, in the form of a driving record check, will be obtained by Innovative Housing Development Corporation for employment purposes. Attached is a summary of the Fair Credit Reporting Act (FCRA).

To acknowledge receipt of this notice and summary of the federal law, please sign and date this employer record.

Applicant/Employee Signature

Date

Employer Signature

Date



An Alternative Living Environment



St. Clair County Community Mental Health Authority
OFFICE OF RECIPIENT RIGHTS
AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY

I, (print first and last name) _____, authorize St. Clair County Community Mental Health Authority's Office of Recipient Rights to disclose any reports/records regarding substantiated recipient rights violations to the party identified below for the purpose of verifying my eligibility for employment.

Further, I release St. Clair County Community Mental Health Authority, and its officers, agents, and employees from any and all claims, liability, and damages that may result from the release of said reports/records. In addition, I understand these reports/records may be provided to the Department of Licensing and Regulatory Affairs and Michigan Department of Health and Human Services, and I consent to the release of this information.

PREVIOUS PLACES OF EMPLOYMENT

- 1.) _____ Dates employed: _____ to _____
- 2.) _____ Dates employed: _____ to _____
- 3.) _____ Dates employed: _____ to _____

I have previously worked under the following name(s): _____

Applicant's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

RELEASE INFORMATION TO

Provider/Recipient Name: _____

OFFICE OF RECIPIENT RIGHTS – STAFF USE ONLY

According to the records of the St. Clair County Community Mental Health Authority's Office of Recipient Rights, the above named applicant

- DOES
- DOES NOT

have a substantiated recipient rights complaint recorded with its office. If a substantiated complaint was discovered, it was recorded on (date) _____ and was issued for a violation in the following category: _____.

Records reviewed by: _____ Date: _____

PRE-INTERVIEW QUESTIONNAIRE

APPLICANT NAME: _____

1. Are you currently working for another employer?

2. What shifts are you available to work – Days, afternoons, midnights
1st Choice
2nd Choice
3rd Choice

3. What days of the week are you available to work?

4. Are you willing to work a set schedule?

5. Do you attend college?

If so, where do you attend?

What field are you studying?

6. Do you have experience working with individuals with a mental illness?

7. Do you have experience working with individuals with a developmental disability?

8. How did you hear about Innovative Housing?

9. Are you requesting to work at a specific home? If so, what one?

10. Do you have any special skills, trainings, or qualifications that may be helpful with the job?

Applicant Signature: _____

Date: _____