



APPLICATION FOR EMPLOYMENT
(All positions are of an At-Will Status)

The Chosen Vision is an equal opportunity employer and will not discriminate against any applicant in accordance with state and federal laws. Please note that this application will only remain active for six months, after which the applicant will need to re-apply.

Position Applied for: _____ Date _____

Date you would be available to begin employment if offered a position: _____

Full Name _____ Soc. Sec. # _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone # Home (_____) _____ Work (_____) _____

E-Mail address: _____ Date of Birth: _____

Are there any hours or days of the week you cannot work? _____ If so, what are they? _____

Hourly wage desired: _____ Type of employment desired: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____ YES If not, please explain on a separate sheet of paper. Name, title and phone of current employer: _____

Emergency contact (Name, relationship, and telephone number): _____

Have you ever been convicted of a misdemeanor or felony violation? _____ YES _____ NO If your answer is yes, please explain the nature of the violation, when it occurred, and the circumstances on a separate sheet of paper.

State law requires that you submit a set of fingerprints to the Michigan Department of State Police. Furthermore, state law requires that you report to the administrator of Chosen Vision any time you are arraigned for a criminal offense (see Policy Item 440). Do you agree to comply with these requirements? _____ YES _____ NO

The position you applied for requires driving. Do you currently have a valid driver's license? _____ YES _____ NO Driver's license # _____. Have you received a citation for speeding or other traffic violations within the past five years? _____ YES _____ NO. If your answer is yes, please explain when and the nature of the citation. Please use a separate sheet of paper.

Have you ever been determined by a federal, state or local governmental agency to have committed abuse or neglect? _____ YES _____ NO If your answer is Yes, please explain when, the nature of the offense, and the circumstances on a separate sheet of paper.

Educational Background

Table with 5 columns: Dates Attended, Name of School, Address of School, Area of Study, Certificate or Degree Received

	Employer	Address & Phone	Rate of Pay	Contact Person
From:				
To:				
From:				
To:				
From:				
To:				

(If you need additional space, please add another sheet of paper.)

May we contact the employers listed? If you do not wish for us to contact any of the above employers listed, on a separate sheet of paper, please identify which employer and the reasons for your request.

Please list three references of people to whom you are not related and who will have personal knowledge regarding your ability to care for developmentally disabled adults.

Name	Address	Phone Number	Business

Please read the following statement carefully before signing to indicate your understanding.

I understand that prior to being offered employment, I may be requested to take an employment examination.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired my employment is as an "At-Will Status" employee. I have been provided with an opportunity to read Policy Item # 401 and understand the meaning of that term and will accept employment with Chosen Vision, Inc. in accordance with that policy item. This provision supersedes any oral or written representation to the contrary.

I authorize Chosen Vision, Inc. to investigate my background and to determine the accuracy of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically exempted as requested in writing. I hereby release these references and former employers from all liability for any information they may give to chosen Vision, Inc.

I hereby consent to the release of this application to representatives of those state agencies and Community Mental Health agencies who have statutory responsibility for the regulation of Chosen Vision and the residents of Chosen Vision. I hereby release Chosen Vision Inc. and all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that any claim or lawsuit relating to my service with Chosen Vision, Inc. must be filed no more that six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature

Date