



# Plainview Assisted Living

## Application for Employment

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ SS# \_\_\_\_\_

If the position applied for requires driving, do you currently have a valid driver's license? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

License Number \_\_\_\_\_ (Attach copy of driver's license)

Can you perform the duties of the job in which you will be employed?  
(Y) \_\_\_\_\_ (N) \_\_\_\_\_

Are you at least 18 years of age? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Are you able to work any shift? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Which shift would you prefer? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Would you be willing to cover extra shifts in the case of another employee's absence?  
(Y) \_\_\_\_\_ (N) \_\_\_\_\_

Are you willing to work weekends and holidays as needed? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Are you willing to attend training programs required by the State of MI AFC Licensing Division? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Are you agreeable to a criminal background check and fingerprinting?  
(Y) \_\_\_\_\_ (N) \_\_\_\_\_

Have you ever been convicted of a crime? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are there any felony charges pending against you? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been determined by a federal, state, local government or private agency to of committed abuse or neglect? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, when and where: \_\_\_\_\_

Are you on a court supervised probation or parole? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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

Department of Commerce/Department of Consumer and Industry Services?

Department of Social Services/Family Independence Agency?

A local Community Mental Health Recipient Rights Office?

Any other Recipients Rights Office?

If yes to any of the above please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by this company before? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Do you have any relatives employed by this company? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Education:

GED \_\_\_\_\_

High School \_\_\_\_\_ Graduated (Y) \_\_\_\_\_ (N) \_\_\_\_\_

College \_\_\_\_\_ Graduated (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Any special certifications or training? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

References:

(We are required by the State of Michigan to have two references on file)

(1) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

(3) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

Please list your current and former employers. Can we contact your current employer?

(Y) \_\_\_\_\_ (N) \_\_\_\_\_

Start with the most recent:

(1)

(2)

(3)