



APPLICATION FOR EMPLOYMENT

Senior Services of Southwest Michigan is a drug-free work place. All applicants **must undergo** mandatory drug testing* before being accepted for employment. **Senior Services of Southwest Michigan** is an at-will employer. It is the policy of **Senior Services of Southwest Michigan** to provide equal employment opportunities to all qualified persons regardless of race, religion, color, national origin, citizenship, age, sex, sexual orientation, gender identity or expression, marital status, familial status, disability, union activities or sentiments, political affiliation, height, weight, amnesty, veteran status, genetic information, or record of arrest without conviction. In addition to Federal requirements, Senior Services of Southwest Michigan, complies with all applicable state and local laws governing nondiscrimination in employment in every location in which the agency has facilities.

PERSONAL INFORMATION

Date: _____

Name _____
 (Last Name) (First Name) (Middle Initial)

Present Address _____
 (Street Address) (City) (State) (Zip)

Permanent Address _____
 (Street Address) (City) (State) (Zip)

Phone # (____) _____ Cell Home EMAIL _____

Are you 18 years of age or older? Yes No Referred by: _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Currently Employed? ____ Yes ____ No If "Yes," May We Contact Your Current Employer? ____ Yes ____ No

Days/Hours Available To Work: _____

Have You Ever Applied For Employment With Senior Services of Southwest Michigan Before? ____ Yes ____ No
 If "Yes," when and for which position? _____

Have you ever been disqualified from Medicaid, Medicare or other federal payor programs? ____ Yes ____ No

EDUCATION	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Y N	
College/Graduate		1 2 3 4	Y N	
		Post-Graduate	Y N	
Trade, Business or Correspondence School		1 2 3 4	Y N	

Subjects of Special Study or Research Work: _____

GENERAL

Skills and Qualifications: Licenses, Skills (typing, computers, driver's license, etc.), Training, Awards

FORMER EMPLOYERS - List below your last four (4) employers starting with the most recent.

Date (Month and Year)	Name, Address and <u>Phone Number</u> of Employer	Salary Upon Leaving	Position Held and/or Job Duties	Reason For Leaving
From To				
From To				
From To				
From To				

REFERENCES – List below three (3) individuals not related to you whom you have known for at least one year.

	Name	Address/ <u>Phone #</u>	Occupation	Years Known
1				
2				
3				

AUTHORIZATION – I authorize investigation on all statements contained in this application. I represent that all my statements in support of my application for employment are true and complete. I understand that if Senior Services of Southwest Michigan at any time should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged or my offer of employment rescinded. Further, I understand and agree that my employment with Senior Services of Southwest Michigan, which is an at-will employer, is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice. I understand that Senior Services of Southwest Michigan is a drug-free work place and all applicants **must undergo** mandatory drug testing* before being accepted for employment.

Date: _____ Signature _____

*If you are a qualified patient legally entitled to use medical marijuana, please make arrangements to self-declare with a Senior Services of Southwest Michigan representative (the President/CEO or the HR representative). Your registry identification card will be reviewed prior to pre-employment drug testing.

For Office Use Only

Interviewed by: _____ Date: _____
 Remarks: _____
 Hired: ____ Yes ____ No Dept. _____ Salary/Wages _____
 Start Date: _____



Permission to Obtain Information

This document authorizes Senior Services of Southwest Michigan to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee or a candidate for employment.

This form may be given to agencies, employers and/or schools you have attended for authorization to release information on your employment, academic history, criminal background or driving record to Senior Services of Southwest Michigan. Employment at Senior Services of Southwest Michigan is contingent upon satisfactory references, criminal background check, drug screen and driving record (where applicable).

By signing below, I grant permission to release information to Senior Services of Southwest Michigan relating to my work, academic experience, criminal background and/or driving record. I further understand that information obtained may be used by this employer's discretion and without liability to determine eligibility for initial or continued employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

First, Middle, Last Name (Please print or type) Race Sex

Social Security Number DOB Driver's License # State

If name has changed (through marriage or otherwise), print former/previous name(s) here:

Signature Date

Please provide current and any previous address(es) during the past seven years:

Current: _____

Previous: _____

Senior Services of Southwest Michigan receives funds from:

Area Agency on Aging – Region IIIA, City of Kalamazoo, Corporation for National and Community Service, Greater Kalamazoo United Way, Kalamazoo Community Mental Health Services, Kalamazoo County, Office of Services to the Aging, Foundations, Private Gifts and Donations. Senior Services of Southwest Michigan complies with Title VI of the Civil Rights Act of 1964.

