

Application for Employment

We are an equal opportunity employer. It is our policy 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. This request should be made in advance so that we can make an accommodation.

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER _____

Do you currently have a valid driver's license? _____ YES _____ NO
State that issued the license: _____ License Number: _____

Are you 18 years of age or older? _____ YES _____ NO

Position you are applying for _____

Have you received a job description for all positions for which you have applied? _____ YES _____ NO

The home is licensed to provide adult foster care 24 hours a day, 7 days a week, 52 weeks a year. Working overtime and working outside of normal business hours is expected for continued employment. Are you able to meet this requirement? _____ YES _____ NO

Can you perform the duties of the job for which you wish to be employed? _____ 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 charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services/Department of Social Services/Family Independence Agency adult foster care licensing investigation? _____ YES _____ NO. If "YES," please explain: _____

In Michigan, or in any state, have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient/resident 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
Department of Mental Health/Department of Community Health	_____ YES	_____ NO
A local community mental health agency	_____ YES	_____ NO
Any Recipient Rights Officer or agency	_____ YES	_____ NO

If "YES" is answered to any of the above, please explain when, where, and give the nature of the case.

EDUCATION

High School Attended _____ City/State _____

Date of Graduation _____ Or Date of GED _____

Additional Education/Technical Training Since H.S. Graduation (School Name, Certification(s), Degree(s),
Dates of Completion: _____

EMPLOYMENT HISTORY

Please supply the information below beginning with your most recent or your current employment.

Employer: _____ Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Date Started: _____ Date Left: _____
Reason for Leaving: _____

Employer: _____ Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Date Started: _____ Date Left: _____
Reason for Leaving: _____

Employer: _____ Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Date Started: _____ Date Left: _____
Reason for Leaving: _____

PERSONAL REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____

I hereby give Cherry Hill Haven and its management, agents, and representatives permission to contact the above-listed current or former employers, individuals, organizations and institutions in order to obtain personal, educational or job-related references, and educational information and to verify the items listed above. I hereby release all listed current or former employers, individuals, organizations and institutions, and all who are acting on their behalf, from any and all claims, legal or equitable, in contract or in tort,

arising out of, or in any way connected to, the information they provide to Cherry Hill Haven in any way related to me or my relationship with them. Moreover, I specifically authorize them to release any and all information relating to my job performance or my educational experiences, which information is contained within my personnel or educational files, records or transcript, including, but not limited to, all disciplinary records, performance evaluations or reviews, and academic records and achievements.

I further understand that any dishonest, false, misleading or incomplete answers, information or statements provided by me on this application or in any subsequent interviews are grounds for immediate dismissal upon discovery of the same. I also understand and agree that providing false or misleading information on this application, at any time in the pre employment process, or at any time during any employment relationship with Cherry Hill Haven if employment is offered to me, would be contrary to Cherry Hill Haven's interests and will be grounds for immediate dismissal.

All information provided by me on this form is true, correct, and up to date.

SIGNATURE OF APPLICANT

DATE

Thank you for applying at Cherry Hill Haven. I am looking for compassionate people that are reliable and dependable and want to make a positive difference in the lives of those with dementia.

Having patience, being a hard worker and a great team player will ensure that you will compliment the incredible staff that is already serving our residents.

Name _____ Phone _____

Are you certified in CPR and First Aid? _____ Expiration dates

Do you have proof of TB test (good for 3 years)? _____ Date given _____

Are you willing to have the required background check completed? _____

What experience do you have caring for people with dementia, including Alzheimer's?

Are you comfortable following recipes? What experience do you have working in food preparation?

Are you comfortable with changing and bathing the elderly?

What is your availability? What is your shift preference, days, afternoons, midnights? Are there any days you cannot work? Full time or part time?

Are you interested in health benefits?

What talents do you have that you hope will be utilized?

What will it take to keep you loyal and committed to Cherry Hill Haven? What can I do as the administrator to ensure you will be a long-term employee?

What would you consider your strongest assets? What do you most like about yourself?

What are your weaknesses? What parts of your previous jobs did you dislike the most?

Please write a few paragraphs stating why you would be the best applicant for the position.