

## Alternative Services, Inc. Employment 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, training, scheduling, transfer, promotion, payment or discipline of employees.*

*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.*

*If you are a person with a disability, you must request any needed reasonable accommodation to participate in the application process or interview process. This request must be made in writing within one hundred eighty-two (182) days after the need is known. If you are offered employment, it will be subject to the attached conditional job offer, and you will be required to perform, with or without reasonable accommodations, certain physical procedures in the course of your prospective job duties.*

<b>NAME</b>		
<b>ADDRESS</b> _____		
<b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____		
<b>PHONE # 1)</b> _____ <b>2)</b> _____		
<b>LAST 4 DIGITS OF SS#:</b> XXX-XX- _____ <b>E-mail</b> _____		
<b>Position applied for:</b>	<i>(Circle Yes or No)</i>	
Have you received a job description for the position applied for?	<b>Yes</b>	<b>No</b>
Can you physically and mentally perform the duties of the job described with or without accommodations?	<b>Yes</b>	<b>No</b>
Are you 18 years old or older?	<b>Yes</b>	<b>No</b>
We are licensed to provide adult foster care 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours is expected for continued employment. Are you able to meet this requirement?	<b>Yes</b>	<b>No</b>
Do you currently have a valid State of Michigan driver's license?	<b>Yes</b>	<b>No</b>
<p>_____ (Initial) I understand that a valid State of Michigan driver's license in good standing with the State of Michigan and our insurance carrier is required as a condition of employment; one serious traffic violation or three moving violations in past three years is considered NOT in good standing.</p> <p>_____ (Initial) I understand that Alternative Services, Inc. will run a driver's license report with the State of Michigan to obtain a certified copy of my driver's license history.</p>		

**Alternative Services, Inc.  
Employment Application**

<b>Where did you hear about ASI? (Circle one or more)</b>			
Craig's List	Indeed	Michigan Talent Bank	Newspaper: (Name)
Facebook-ASI Business Page	Facebook-Personal Page	ASI Web Site	Other: (Describe)
Referred by: (Name)			
Do you know anyone who currently works for this agency? ___Yes ___No      If yes, indicate Name(s) below:			

<p><b>Have you ever been convicted of a felony or misdemeanor? ___Yes ___No If yes, please explain. (Conviction will not necessarily disqualify an applicant from employment.)</b></p>
<p><b>Are there any felony or misdemeanor charges pending against you? ___Yes ___No If yes, please explain:</b></p>
<p><b>Have you ever been administratively determined by a federal, state, or local governmental agency to have committed abuse or neglect: ___Yes ___No If yes, when, where, and nature of the case:</b></p>
<p><b>Have you ever been involved in a Recipients Rights Investigation: ___Yes ___No If yes, when, where, and nature of the case:</b></p>
<p><b>Have you ever been employed by this organization before? ___Yes ___No If yes, give dates employed, and indicate if employed under a different name.</b></p>

**Education**

HIGH SCHOOL ATTENDED	CITY/STATE	Diploma or GED?	
<b>Additional Education:</b>			
SCHOOL	ADDRESS	DEGREE/MAJOR	GPA

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Employment Application**

**Experience** *(List most recent employer first)*

EMPLOYER	ADDRESS	Job Title	Dates Employed	Reason Left

**SPECIAL TRAINING/CERTIFICATIONS**

Training	Date of Completion	Date of Expiration	Where did you take it?

I hereby give you my permission to contact the above employers, references, State of Michigan Department of Vehicles, and educational institutions to verify the items I listed above. I hereby release Alternative Services, Inc., 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 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 Department of Consumer & Industry Services, Dept. of Mental Health, and Community Mental Health agencies, or other governmental agencies.

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 damage that may result from furnishing the information to you.

I hereby affirm that my answers on this application are complete and true, and I understand that false, misleading or incomplete responses on this application will result in the immediate termination of a conditional job offer or continued employment with Alternative Services, Inc.

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature**

**Date**

**EMPLOYMENT AGREEMENT:** *In consideration of my employment, I agree to conform to the rules and regulations of Alternative Services, Inc., and 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 Alternative Services, Inc., or myself. I agree that no one other than Arthur Mack, Board President, 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. I further agree that no one other than Arthur Mack, Board President, has any authority to make any changes to the Employment Agreement, unless in writing and signed by both Arthur Mack, Board President and me.*

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Hiring Agent's Signature**

**Date**

\*This application will be kept current for six months. If you are not hired, you will need to complete another application to be reconsidered after that date.