

LISTENING EAR CRISIS CENTER

107 E. Illinois

Mt. Pleasant, MI 48858

(989) 773-6904

APPLICATION FOR EMPLOYMENT

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, 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 or interview process. This request should be made in advance so that we can make an accommodation.

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.

We have several programs for which we hire employees, including group homes for people with developmental disabilities, supported independent living situations, child foster care situations, and community-supported living programs. The hours vary from program to program.

Date

Name

Address

Address 2

City State Zip Code

PHONE # (Home)

(MESSAGE Phone)

Do you currently have a valid MI driver's license?

Are you 18 years old or older? Position Applied For:

(A job description is available on the website.)

Can you perform the duties of the job in which you wish to be employed, with or without accommodation? Yes No

We are licensed to provide adult foster care and In Home Help, 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?

Areas You Would Be Available to Work *(Please check all that apply)*

SHEPHERD

MT PLEASANT

WEIDMAN

CLARE

HARRISON

IONIA

MANCELONA

KALKASKA

RAPID CITY

HOURS AVAILABLE TO WORK *(Please check below all that apply)*

DAYS

AFTERNOONS

NIGHTS

WEEKENDS

Number of Hours Per Week Desired

How did you hear about this job?

Misdemeanor or Felony

***If your response to any of the following questions is yes, please explain in detail.*

* Have you ever been convicted of a felony or misdemeanor?

* Are there any felony charges pending against you?

* Are you on a court-supervised probation or parole?

* Have you ever been the subject of a federal, state or local agency (DHS, CMH, Medicaid, etc.) investigation concerning family or client welfare that resulted in substantiated findings against you? For example: Recipient Rights Investigation, Adult Protective Services Investigation, Child Protective Services or Department of Human Services Investigation.

In case of emergency, whom should we contact?

Name

Address

Phone Number

City

State

Zip Code

EDUCATION

(YOU WILL BE ASKED TO PROVIDE PROOF OF YOUR EDUCATION)

High school attended

Diploma GED City State

If you did not complete High School, what is the highest grade completed?

ADDITIONAL EDUCATION

School

City State

DEGREE MAJOR G.P.A.

EMPLOYMENT RECORD *(Begin with present or last employer. Include military and any periods of unemployment.)* Complete all requested information.

*MAY WE CONTACT YOUR PRESENT EMPLOYER?

Starting Date Ending Date

Company

Address Phone Number

City State Zip Code

Job Title and Duties

Starting Wage

Reason for Leaving

Supervisor

Previous Employment

Starting Date Ending Date

Company Name

Address Phone Number

City State Zip Code

Job Title and Duties

Starting Wage

Reason for Leaving

Supervisor

List Professional Licenses if any i.e. LMSW, LLMSW, LLPC, or LPC

PERSONAL REFERENCES

(Please do not use relatives as references)

Name

Address Phone Number

City State Zip Code

How Known

Name

Address Phone Number

City State Zip Code

How Known

Have you had any related experience or training not listed above?

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items listed above. I hereby release Listening Ear Crisis Center 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 Human Services, Department of Mental Health, 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.

Signature Date

I further understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

Name

YOU MUST ANSWER ALL QUESTIONS ABOVE TO BE CONSIDERED FOR EMPLOYMENT.

This application will be kept current for 1 (one) year. You need to complete another application to be reconsidered after this date.

Staff Availability of Hours:		Name:				
Phone Number:						
To help determine which program you would be available for hours in, please list available hours below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday