



Application for Employment

Personal Information		Today's Date: ___/___/___							
Name (Last)	First	MI							
		Are you eligible to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No							
Home Address		City State Zip							
Home Phone		Cell Phone							
Position Applying For	Date Available to Start ___/___/___	Are you interested in <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time							
Days and Hours available		If you are under 18 years of age, please include your date of birth ___/___/___							
Day	Mon		Tue	Wed	Thu	Fri	Sat	Sun	
To									
From									
Location Apply for <input type="checkbox"/> Lansing <input type="checkbox"/> Muskegon <input type="checkbox"/> Holland									
Have you worked for Turning Leaf in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Reason for leaving _____									

Education				
Type of School	Name and Location of School	Area of study	Number of years attended	Graduated
High School	Name:			
	City: St:			
College	Name:			
	City: St:			
Graduate School	Name:			
	City: St:			
Other	Name:			
	City: St:			

US Military Service		
Branch of Service	Years of Service	Highest Rank Attained

Employment History			
Current or most recent Employer		Dates worked From _____ to _____	
Address	City	State	Zip
Position	Supervisor		Telephone
Wages Starting _____ Ending _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties			
Reason for Leaving			

Company		Dates worked From _____ to _____	
Address	City	State	Zip
Position	Supervisor		Telephone
Wages Starting _____ Ending _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties			
Reason for Leaving			

Company		Dates worked From _____ to _____	
Address	City	State	Zip
Position	Supervisor		Telephone
Wages Starting _____ Ending _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties			
Reason for Leaving			

References

Please use only business and professional references. Do not use family members.

Name	Telephone
Address	City State
Relationship	Years Known

Name	Telephone
Address	City State
Relationship	Years Known

Name	Telephone
Address	City State
Relationship	Years Known

Additional Information

Have you worked under any other name (if yes, please provide)	How were you referred to Turning Leaf?
Do you have any relatives working here?	
Have you ever been fired or asked to resign from a job (if yes, please explain)	
Please list any special skills or training (CPR, First aid etc)	
Why would you like to work for Turning Leaf?	

Additional Information Cont.

Do you have a valid MI driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list license #: _____ Expiration date: ____/____/____
Have you been convicted of a driving violation within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>	
Have you been convicted of any law violation (except minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>	

Disclosures

This application for employment will remain active for a period of time not to exceed 90 days. The authorization for release of information shall be valid for the same period of time. Any applicant wishing to be considered beyond this period should reapply by completing a new application.

Turning Leaf Residential Rehabilitation Services (TLRRS) is an Equal Opportunity Employer. Any Person applying for a position with TLRRS will be considered for the position for which they have applied without regard to race, religion, age, sex, national origin or disability.

Certification

I certify that all statements made in this application are true and complete to the best of my knowledge. I authorize TLRRS to investigate all statements made from all prior employers, references and law enforcement agencies. I hereby release all those person, employers, references, agencies and TLRRS from any and all liability arising from their giving or receiving information about my employment history, qualifications or criminal record. I further authorize TLRRS to conduct background checks as necessary to either verify information provided by me on this application or in interviews relating to prospective employment, or to verify any material change in my background subsequent to my employment. In the event that my employment is rejected or terminated by TLRRS based on a report received from such a back ground check I understand I will receive a full copy of such reports and will have the opportunity to dispute the accuracy of the information included in said reports.

I understand that any misrepresentation, false statement, or omission of facts shall be grounds for refusal of employment or if hired immediate dismissal from employment. I understand that any violation of company rules, policies, standards, or procedures shall be grounds for dismissal. I agree to conform to the rules, policies, standards and procedures of TLRRS.

I understand that nothing in this employment application, in TLRRS policies or in my communication with any employee or official is intended to create an employment contract between TLRRS and myself, and that my employment is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time with or without notice.

I hereby acknowledge that I have read and understand the preceding statements

Signature: _____ Date: _____