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[www.angelsplace.com](http://www.angelsplace.com)

*The mission of Angels' Place is to provide people-centered services, including homes and professional support, for individuals with developmental disabilities.*

# EMPLOYMENT APPLICATION



# APPLICANT INSTRUCTIONS

## Please Read the Instructions Carefully Before Completing Application

Welcome to Angels' Place. We appreciate receiving your application for employment.

**External positions are posted for a minimum of 5 - 7 days; therefore a position can close any time after the fifth day of posting.**

**ALL SECTIONS OF THE APPLICATION MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED FOR EMPLOYMENT;** a resume is required, but please do not consider it a substitute or write "see resume" on any section of the application. Be sure to sign and date your completed application. Please submit an original application; we do not accept photocopied applications.

Applicants are invited to request any necessary accommodations that will assist you during the application process.

All applications are reviewed for minimum qualifications. Due to the volume of applications received at any given time, we are only able to contact individuals whose job skills and qualifications most closely match the job requirements of the posted position. *If you are selected for an interview, you will be contacted.*

## "IF YOU ARE CONSIDERED FOR HIRE"

Before a position is offered, Angels' Place requires a minimum of three references (two professional and one personal). If you were a recent resident of another state, a driving record and criminal history report from that state must be obtained at your expense.

## "ONCE YOU ARE HIRED"

All employees are required to present a valid Michigan Drivers License along with a Social Security Card or another form of I-9 documentation. Licensed personnel are required to present original licensure, certification and/or registration. Other requirements shall include proof of a responsible driving record, successful completion of health screening, FBI and State of Michigan criminal history checks within 10 days. Applicants must also pass all training requirements. Failure to comply with any of the above may result in termination of your employment or being unable to work for Angels' Place until such documentation is produced

Your application is extremely important to us in the eventual selection of a candidate for a vacancy at Angels' Place. *Regardless of our decision, your application will remain on file and may be activated for any future vacancies that may arise in the next three months.*

**Because many of our positions require driving agency vehicles, it is important you have a responsible driving record with no DUI convictions.**

Angels' Place is an equal opportunity employer. Qualified individuals are considered for employment without regard to race, color, religion, sex, national origin, age, marital or changes in marital status, veteran status, medical condition, disability or handicap.

PERSONAL DATA			
Date:	Position Desired:	Position-2 <sup>nd</sup> Choice	
Last Name:	First Name:	Middle:	Last 4 digits of SS:
Address	City:	State	Zip
Primary Phone:	Secondary Phone:	Email Address:	Other Names Used:
Shifts Available To Work:		Are you 21 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full Time	<input type="checkbox"/> Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Part Time	<input type="checkbox"/> Afternoons		
<input type="checkbox"/> On - Call	<input type="checkbox"/> Overnights <input type="checkbox"/> Seasonal		
<input type="checkbox"/> Casual	<input type="checkbox"/> Weekends <b>ONLY</b> <input type="checkbox"/> Swing		
Days Available To Work: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <i>(You may be hired for specific days/shifts however schedules may change over time as resident needs change)</i>		Visa Type: _____	Number: _____
Date You Can Start: _____		Expiration Date: _____	
Are you related in any way to anyone presently employed by Angels' Place? If yes, to whom?			
Have you ever worked at any time in the past with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
How did you learn about this position with Angels' Place?			
<input type="checkbox"/> Job Hotline <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> University <input type="checkbox"/> Friend <input type="checkbox"/> Angels' Place Employee			
If you learned of this position from a relative or friend, please list their name: _____			
<input type="checkbox"/> Job/Career Fair <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____			
EDUCATIONAL/PROFESSIONAL INFORMATION			
Name of School, College, University	Degree/Subjects	Circle Last Year Completed	Did you graduate?
		1   2   3   4	
		1   2   3   4	
		1   2   3   4	

License/Certification/Registration/Registration ~ For positions requiring licensure, etc... please complete

Type of License (s)	State	License/Registration Number	Expiration Date	Any Restrictions?
Drivers License				
Other License				

Starting with your **most recent** or present employer, list your last ten years of employment history. Please **DO NOT** write "see resume". If additional space is needed for previous employers, attach additional sheets.

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From (month/year)	Employer:			
To (month/year)	Type of Business:	Department:		
Immediate Supervisor's Name:	Street Address		City, State, Zip	
Your Position:	Telephone (with area code):	Fax:	Web address:	

Job Duties				
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Reason for Leaving			Rate of Pay:	
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From (month/year)	Employer:			
To (month/year)	Type of Business:	Department:		
Your Position:	Telephone (with area code):	Fax:	Web address:	

Job Duties				
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Reason for Leaving			Rate of Pay:	
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From (month/year)	Employer:			
To (month/year)	Type of Business:	Department:		
Your Position:	Telephone (with area code):	Fax:	Web Address:	

Job Duties				
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Reason for Leaving			Rate of pay:	
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Please explain all breaks in employment history

Date	Explanation

**May we contact your current employer?**    **Yes**    **No**

List any significant & relevant skills, certifications, licenses, honors, professional affiliations (sign language, teaching certificate, etc.) and office/computer equipment/software & hardware you can use/operate which may be applicable to the position for which you have applied.

\_\_\_\_\_

\_\_\_\_\_

Have you had Entry-Level Group Home Training?  Y  N. If so, from what company? (MORC, CLS etc) \_\_\_\_\_ please provide training transcripts.

### PROFESSIONAL/PERSONAL REFERENCES

**List three professional references**

Name	Contact Phone and email if possible
1.	
2.	
3.	

**List three personal references that you have known for at least one (1) year.**

Name	Number of years known	Contact Phone and email address
1.		
2.		
3.		

Did you serve in AmeriCorps, Peace Corps or another national service program?  Yes  No

If yes, please list the AmeriCorps program or Peace Corps country in which you served:

\_\_\_\_\_

As a condition of employment, Angels' Place will conduct a Criminal History Background Check through the Michigan State Police and the FBI and will verify your eligibility to work in the U.S.A. and your Social Security Number with the Department of Homeland Security.

*(responding yes does not necessarily disqualify you from employment)*

Have you ever been convicted of or plead no contest to a: **Misdemeanor**  Yes  No

**Felony**  Yes  No

Do have any felony or misdemeanor charges pending against you?  Yes  No

If yes, please explain \_\_\_\_\_

Date convicted if applicable \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby give Angels' Place my permission to contact the above employers, references and educational, licensing credentialing and certification institutions. I hereby release Angels' Place 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 consent to releasing any information relating to my job performance that is documented in my personnel file. In the event that any employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Angels' Place, I hereby waive that obligation and expect no written notice of disclosure of my personal information.

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 the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies for licensing or investigatory purposes and to verify information I have listed in this job description. I hereby release Angels' Place, the Department of Human Services, Department of Community Health, Local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

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 any prior employers from all claims, liability and damages that may result from furnishing the information to you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that all information provided on this application is true, complete and correct. I further understand and agree that any falsification, misrepresentation or omission of facts on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins. I agree that either party may terminate the employment relationship with, or without notice or cause at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the executive director of the agency.

I agree that I shall be bound by the rules, regulations and terms and conditions of employment of the agency as they are from time to time changed, and no additional obligations can be imposed on the agency except those which have been acknowledged in writing by the executive director or his/her designee. I hereby authorize Angels' Place to deduct from each and every pay period any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me, or owed by me to Angels' Place during the period of my employment.

I agree that any action or suit against Angels' Place, its agents or employees, arising out of my employment or termination of employment, including but not limited to claims under state, but not Federal or civil statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against Angels' Place, in which Angels' Place prevails, I will pay to the agency any and all costs incurred by Angels' Place in defense of said claims or actions, including attorney fees.

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Applicant Signature

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Date

## To All Applicants

Angels' Place is an Equal Opportunity Employer. Race, ethnicity and gender information is needed to fulfill Federal Employment Opportunity reporting requirements; however **completing this page is optional**. Qualified persons are considered for employment without regard to race, color, religion, sex, national origin, marital status, age, veteran status, medical condition or disability.

Applying For: (List Job Title) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### DEFINITIONS OF RACIAL/ETHNIC GROUP

The racial/ethnic groups for affirmative action programs and Federal reporting purposes are defined as follows:

**AMERICAN INDIAN/ NATIVE AMERICAN:** Any person having origins in any of the peoples of North America, and who retains cultural identification through tribal affiliation or community recognition.

**ALASKAN NATIVE:** Any person having origins in any of the original peoples of Alaska, and who retains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Yupik, Inupiat, Aleut, Athabaskan, Tlingit or Haida origin.

**ASIAN:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, China, Japan, Korea and the Philippines.

**NATIVE HAWAIIAN:** Any person having origins in any of the Pacific Islands.

**BLACK OR AFRICAN AMERICAN:** (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.

**HISPANIC OR LATINO:** Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin regardless of race.

**WHITE:** (Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Please check the most accurate designation below.

**AMERICAN INDIAN/ NATIVE AMERICAN**

**ALASKAN NATIVE**

**ASIAN**

**NATIVE HAWAIIAN**

**BLACK OR AFRICAN AMERICAN**

**HISPANIC OR LATINO**

**WHITE**

**OTHER:** \_\_\_\_\_