

JOB APPLICATION

Section I: Equal Opportunity Employer

Maple Ridge Living Center is 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, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Section II: Applicant's Personal Information

First Name	Middle Initial	Last Name
Address Number	Street	Apt#
City	State	Zip
Phone	Alt. Phone	Email

Are you 18 years of age or older? Yes No

Can you perform the duties of the job for which you are applying with or without accommodations? Yes No

If no, please explain _____

Do you have any relatives, or a spouse employed by this organization? Yes No

Emergency Contact

First Name	Last Name	Phone
Address Number	Street	Apt#
City	State	Zip

Have you ever been convicted of a crime? Yes No *(Answering YES will not automatically disqualify you.)*

Are there any pending felony charges against you? Yes No *(Answering YES will not automatically disqualify you.)*

Have you ever worked for this organization in the past? Yes No

If so, did you work under a different name? Yes No

If yes, is any additional information relative to a different name necessary to check your work record? Yes No

If yes, please explain _____

Do you have a valid driver's license, if the position you are applying for requires you to drive while on duty? Yes No

Section III: Availability and Interests in Work

For which position are you applying? _____

Have you been given a job description for the position? Yes No

Are you interested in: Full-Time Part-Time

On which days are you available for work? MONDAY Morning Afternoon Evening
 TUESDAY Morning Afternoon Evening
 WEDNESDAY Morning Afternoon Evening
 THURSDAY Morning Afternoon Evening
 FRIDAY Morning Afternoon Evening
 SATURDAY Morning Afternoon Evening
 SUNDAY Morning Afternoon Evening

On what date are you available to begin work? _____

Section IV: Education

High School:

School	City	State
--------	------	-------

Did you graduate? Yes No

College

School	City	State
--------	------	-------

Did you graduate? Yes No

If Yes, what degree(s) did you obtain? _____

Business or Trade School

School	City	State
--------	------	-------

Did you graduate? Yes No

If Yes, what degree(s) did you obtain? _____

Professional School

School	City	State
--------	------	-------

Did you graduate? Yes No

If Yes, what degree(s) did you obtain? _____

Section V: Employment History *(please start with the most recent employer)*

Company		Phone	
Address	City	State	Zip
Position/Title	Name of Supervisor		

Start Date (mo/yr) End Date (mo/yr)
 Starting Pay: Ending pay:

Reason for leaving: _____

Company		Phone	
Address	City	State	Zip
Position/Title	Name of Supervisor		

Start Date (mo/yr) End Date (mo/yr)
 Starting Pay: Ending pay:

Reason for leaving: _____

Company		Phone	
Address	City	State	Zip
Position/Title	Name of Supervisor		

Start Date (mo/yr) End Date (mo/yr)
 Starting Pay: Ending pay:

Reason for leaving: _____

May we contact your current supervisor or manager? Yes No
 If NO, why? _____

If Yes, who should we call?

Name	Title	Phone
-------------	--------------	--------------

Have any of your previous employers served individuals funded through Community Mental Health (CMH)? Yes No

If Yes, may we contact the employers and CMH entities that you listed to determine whether you have ever had a recipient rights violation substantiated against you? Yes No

Section VI: References

Give the names of two **personal** references from people not related to you, whom you may have known for at least one year.

Name:	Phone	Years Known
Address	City/State	Zip

Name:	Phone	Years Known
Address	City/State	Zip

Give the names of two **professional** references whether a supervisor, manager, administrator or executive director, for whom you may have worked with.

Name:	Phone	Years Known
Address	City/State	Zip

Name:	Phone	Years Known
Address	City/State	Zip

Section VII: Professional License, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurses Aid Yes No If Yes, license number _____
 Nursing License Yes No If Yes, license number _____

Other job-related license, certifications or credentials? Yes No

If Yes, please provide details: _____

Section VIII: Consent

I hereby give you my permission to contact employers, references, and educational licensing, credentialing and certification institutions to verify my information. I hereby release Maple Ridge Living Center and the referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing this information to you. I consent to releasing any information related to my job performance which is documented in my personal file(s). In the event that a prior employer or other organization is obligated to provide any written notice to me regarding this disclosure of information to Maple Ridge Living Center, 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 or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application.

I hereby release Maple Ridge Living Center, 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 employer from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature

Date

I certify that all the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact 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 discover is made after employment begins.

Applicant Signature

Date

Section IX: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Maple Ridge Living Center. I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Maple Ridge Living Center, or myself.

Applicant Signature

Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.

JOB DESCRIPTION

Job Title: Direct Care Worker

Responsibilities: This position reports to and takes direction from the Administrator and/or Home Manager in addition to providing supervision, protection, and assistance with personal care to AFC residents.

Qualifications: Must be 18 years or older, be capable of completing required reports and following written and oral instructions. Be suitable to meet the physical, emotional, intellectual, and social needs of each resident, and be capable of handling emergency situations.

Before performing assigned task, you must be competent in the following areas:

- Reporting requirements
- First Aid and CPR
- Personal Care, Supervision, and Protection
- Resident rights
- Safety and Fire Prevention
- Prevention and Containment of Communicable Diseases

Duties:

- Supervise and protect residents
- Administer and chart medications as physician prescribed
- Supervise and assist residents with habilitative treatment in accordance with their assessment plan
- Supervise and assist residents with leisure and recreational activities
- Supervise, document and report all required resident behavioral and medical conditions
- Supervise and assist residents with emergency preparedness and conduct drills and document results
- Prepare and serve meals in accordance with daily menu
- Repackage, label and date food to protect against spoilage
- Sanitize all kitchen cookware, dishes and utensils including food preparation surfaces and equipment
- Sanitize all bathroom fixtures and surfaces
- Housekeeping and laundry