

**EMPLOYMENT APPLICATION  
INDEPENDENT COMMUNITY LIVING**

**Office Use Only:  
ICHAT  
Rights Check**

**PERSONAL**

Name:					
Address:					
Home Phone:		Mobile Number:			
Email:					
If hired can you provide proof that you are legally able to work in the United States?				Yes	No
Have you served in the U.S. military?				Yes	No
If yes, please explain any skills or training you received that could enable you to be successful at this job:					
How were you did you hear about us?					
Employee	Website	Employment Agency	Facebook	Other	
Employee Name if referred:					
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper.					
Yes	No				
List any relatives or friends employed by Independent Community Living:					
Relationship:					

**EMPLOYMENT**

Position Desired:

What days and hours are you available for work?  
*(A minimum of every other weekend is required)*

Are you available for overtime?    Yes      No

Are you over 18 years of age?    Yes      No

When are you available to begin work?

Do you have access to a reliable vehicle with current registration and insurance?                      Yes      No

*(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)*

To provide support to participants with a disability using  
Self-Determination to tailor their life according to their personal vision.

## SKILLS

List languages you speak fluently:

Do you have any skills, training or experience that would enable you to succeed at this job such as medical training or experience working with individuals with disabilities?

## EDUCATION

Have you completed high school or a GED?

Yes

No

Type of School	Name & Location of School	# of years to completed	Graduated		Degree(s) or Diploma(s)	Major Field(s) of Study
			Yes	No		
Trade/Business/ Tech School						
College or University						
Additional/Other School/Training						

## PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Name:	Address:	Phone No.
Name:	Address:	Phone No.

## EMPLOYMENT HISTORY

Experience: Please account for all employment within the last five (5) years, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (*e.g.*, volunteer experience, military service, etc.) Attach an additional sheet if extra space is needed.

### POSITIONS HELD

Company Name:	Dates Employed:  From:                      To:	Starting Salary  Ending Salary
Street Address:	Job Title:	Hours Worked  From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:		
Supervisor:		
May we contact this employer? Yes              No	Reason for leaving (if you are currently employed there please indicate):	

Company Name:	Dates Employed:  From:                      To:	Starting Salary  Ending Salary
Street Address:	Job Title:	Hours Worked  From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:		
Supervisor:		
May we contact this employer? Yes              No	Reason for leaving (if you are currently employed there please indicate):	

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## APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. \_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Independent Community Living or its agents.
2. \_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Independent Community Living, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Independent Community Living, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. \_\_\_\_ I understand that Independent Community Living is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if Independent Community Living has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. \_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. \_\_\_\_ I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself, or Independent Community Living. There will be no agreement, express or implied between Independent Community Living and me for any specific period of employment.
6. \_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing six (6) statements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**DISCLOSURE/RELEASE/AUTHORIZATION FORM**

1. By this document Independent Community Living discloses that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.  
I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.
5. I authorize Community Mental Health for Central Michigan (CMHCM) and the CMHCM Office of Recipient Rights to disclose to Independent Community Living any and all information in possession of CMHCM regarding any violation of recipients' rights committed by me.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Race (needed for the background check):

Caucasian/White	Black/African American	Hispanic/Latino	Asian
American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	Two or more races	

Current Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_

All information must be complete and accurate

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Self-Determination to tailor their life according to their personal vision.