

# HARBOR HOUSE MINISTRIES

## EMPLOYMENT APPLICATION

*Any person with a disability requiring reasonable accommodation for completing the application process should notify Harbor House Ministries, as soon as possible. Harbor House Ministries is an Equal Opportunity Employer. It is policy to afford equal employment regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or any other protected characteristics. Michigan law requires that a person with a disability requiring accommodation must notify the employer, in writing, with 182 days after the need is known.*

NOTE: All Harbor House Ministries employees must successfully complete a drug screen prior to beginning work.

### PERSONAL INFORMATION

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

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you at least 18 years old? ☐ yes ☐ no

Work Permit #: \_\_\_\_\_

(If under 18)

Have you previously applied to or been employed by Harbor House? ☐ yes ☐ no

If yes, please indicate time frame and any information regarding a different name:

\_\_\_\_\_

Do you have a spouse or any other relative employed by Harbor House? ☐ yes ☐ no

If yes, please provide name: \_\_\_\_\_

How did you hear about Harbor House? \_\_\_\_\_

Are you a US citizen? ☐ yes ☐ no If no, are you eligible to work in the US? ☐ yes ☐ no

Have you ever been convicted of a crime which has not been annulled, expunged, or sealed by the court?

(A "yes" answer will not automatically disqualify you) ☐ yes ☐ no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are there any felony charges pending against you? ☐ yes ☐ no If yes, please explain:

\_\_\_\_\_

Are you on a court-supervised probation or parole? ☐ yes ☐ no If yes, please explain:

\_\_\_\_\_

Have you ever been administratively determined by a federal, state, or local government agency to have committed abuse or neglect? ☐ yes ☐ no

If yes, when, where and nature of the case:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been suspended or discharged from employment? ☐ yes ☐ no

If yes please explain:

\_\_\_\_\_

\_\_\_\_\_

**Complete only if position requires driving:** Driver's License #: \_\_\_\_\_

Has your license ever been revoked or suspended? ☐ yes ☐ no. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

List any moving violations during the past 3 years: \_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT DESIRED

Position desired: ☐ RN ☐ LPN ☐ Administrative Assistant ☐ Resident Aide  
☐ Other: \_\_\_\_\_

Days available: **S S M T W Th F**

Emp. desired: ☐ Full time ☐ Part time

Are you willing to work weekends? ☐ yes ☐ no

Are you willing to work holidays? ☐ yes ☐ no

Are you willing to work any shift? ☐ yes ☐ no

If no, which hours are you available?  
\_\_\_\_\_

Are you employed now? ☐ yes ☐ no

Date available to start: \_\_\_\_\_

Do you have responsibilities or commitments which limit your availability to work? ☐ yes ☐ no

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

## EDUCATIONAL HISTORY

Circle last grade completed: **1 2 3 4 5 6 7 8 9 10 11 12**

Name of High School: \_\_\_\_\_

GED: \_\_\_\_\_

State: \_\_\_\_\_

Schools Attended Other Than High School	Location (state)	Course or Major studied	Degree

Special Qualifications or Skills: \_\_\_\_\_

Are you currently licensed, registered, or certified in Michigan? ☐ yes--indicate below ☐ no

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restriation Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**EMPLOYMENT HISTORY** We routinely contact applicant's past employers for reference checks.

Would this pose any difficulty for you?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have any of your previous employers serviced persons funded through a community mental health entity? ☐ yes ☐ no If yes, which CMH entities were involved? \_\_\_\_\_

May we contact the employers and CMH entities you listed to determine whether you have ever had a recipients rights violation substantiated against you? ☐ yes ☐ no

Beginning with the most recent, please list all present and past employment.

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## PERSONAL REFERENCE

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year.

Name

Address

Phone

Years Known: \_\_\_\_\_

Name

Address

Phone

Years Known: \_\_\_\_\_

Give the names of two (2) professional references from supervisors, managers, or administrators for whom you have worked.

Name

Address

Phone

Years Known: \_\_\_\_\_

Name

Address

Phone

Years Known: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Under the Immigration and Reform Control Act of 1986, I understand that if I am hired by Harbor House Ministries I will be required to furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States.

I have read the attached job description and am able to perform these tasks with or without reasonable accommodation. (If accommodation is needed please attach a written statement indicating how you will perform the tasks described on the job description and with what accommodations.)

I consent to releasing any information relating to my job performance which is documented in my personnel file in the event that a prior employer or other organization is obligated to provide written notice to me regarding the disclosure of information to Harbor House Ministries.

I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I understand that, if hired, my employment is at-will. Meaning that either the employer or I may terminate the employment relationship at any time with or without notice and with or without cause. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the President of the company or his designee. I further understand and agree that if my employment terminates for any reason I will have six (6) months to bring any legal action against the Company concerning my employment and/or termination.

I understand that any falsification, misrepresentation or omission of fact either on the application or during the pre-hire process will be reason for (1) my not being offered employment, or (2) dismissal at any time from service if employed.

I certify that the answers given herein are true and complete to the best of my knowledge.

Applicant's Signature

Date

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

043-2/07