



# 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.

All Harbor House Ministries employees must successfully pass a physical, drug screen, and background check prior to beginning work.

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

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### **General Information**

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street, Apt

\_\_\_\_\_ City State Zip

Phone Number: \_\_\_\_\_  
Cell Home

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

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Are you at least 18 years old?  yes  no

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?  yes  no

Can you provide proof of eligibility to work in the United States?  yes  no

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

If yes, please indicate position, time frame, and any other pertinent information:

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Do you have friends or relatives employed by Harbor House?  yes  no

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

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

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### **Language Skills - Indicate any languages you speak and level of proficiency:**

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### **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Has your license ever been revoked or suspended?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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**Legal Information**

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 excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? [ ] yes [ ] no If yes, please explain:

**Position/Availability**

What position are you applying for? \_\_\_\_\_

What status are you looking for: [ ] Full time (32-40hrs/week) [ ] Half time (20-31hrs/week) [ ] Part time (under 20hrs/week)

Preferred Availability? [ ] 1st shift [ ] 2nd shift [ ] 3rd shift [ ] Rotating

Are you willing to work weekends? [ ] yes [ ] no

Are you willing to work holidays? [ ] yes [ ] no

Are you employed now? [ ] yes [ ] no

Date available to work: \_\_\_\_\_

Any specific requests or limitations on availability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours Available	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Education**

Do you have a high school diploma or GED? [ ] yes [ ] no

Name of High School or GED program: \_\_\_\_\_

City/State: \_\_\_\_\_

**Complete if have schooling beyond high school/GED:**

College name: \_\_\_\_\_

City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years completed? \_\_\_\_\_ Degree earned, if applicable: \_\_\_\_\_

**Other schooling information, if more than one:**

College name: \_\_\_\_\_

City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years completed? \_\_\_\_\_ Degree earned, if applicable: \_\_\_\_\_

**Licenses/Special Skills**

Special qualifications/skills? \_\_\_\_\_

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

License/Certification:	Certifying Body	License Number	Expiration Date

**Employment Experience**

Have you ever been suspended or discharged from employment? [ ] yes [ ] no If yes please explain:

\_\_\_\_\_

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 #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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

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

May we contact this employer? [ ] yes [ ] no If no, please explain: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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

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

May we contact this employer? [ ] yes [ ] no If no, please explain: \_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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

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

May we contact this employer? [ ] yes [ ] no If no, please explain: \_\_\_\_\_

## References

Please provide three persons, not related to you, whom you have known at least one year. Professionals/individuals related to work experience are preferred

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

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

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

Relationship: \_\_\_\_\_

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

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

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

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

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

Relationship: \_\_\_\_\_

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

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

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

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

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

Relationship: \_\_\_\_\_

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

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

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if EMPLOYER, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.

2. **Employment at Will:** If hired by EMPLOYER, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to EMPLOYER; I agree that EMPLOYER also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.

3. **Limitation on Claims:** I agree that any lawsuit against EMPLOYER and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations

4. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. **Need For Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the essential functions of the job for which I may be selected, I understand and agree that I will give EMPLOYER written notice of that need immediately after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that EMPLOYER has not accommodated me as required by

6. **Drug Testing:** I agree to provide EMPLOYER with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.

7. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.

8. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any EMPLOYER property I may be using, and any of my own property I bring onto EMPLOYER's premises, may be inspected by EMPLOYER at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against EMPLOYER (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by EMPLOYER, I will not disclose to anyone or use for my own purposes, any of EMPLOYER's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to EMPLOYER all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.

9. **Consideration for Employment:** I agree to the above terms of employment if I am employed by EMPLOYER. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of EMPLOYER, and that no person in EMPLOYER has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of EMPLOYER are subject to exception or change at any time as decided by EMPLOYER in its sole discretion.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below. I acknowledge that my electronic signature is as valid as a traditional signature in accordance with the Fair Credit Reporting Act (FCRA), the Electronic Signatures in Global and National Commerce Act (ESIGN), and FTC guidelines.

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

\_\_\_\_\_  
Date