



Compassionate, Comprehensive Services for Children and Families in Need

www.judsoncenter.org

# Application for Employment

## A. APPLICANT INFORMATION

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years old or older? Yes \_\_\_ No \_\_\_ Do you have a *valid* Michigan Driver's License? Yes \_\_\_ No \_\_\_

Are you legally authorized to work in the United States on a full-time basis? Yes \_\_\_ No \_\_\_

Are you available to work any days, shifts, and/or flexible schedules as required by the position? Yes \_\_\_ No \_\_\_

If No, when are you **not** able to work? \_\_\_\_\_

Have you ever been employed by Judson Center? Yes \_\_\_ No \_\_\_ If Yes, when? From: \_\_\_\_\_ To: \_\_\_\_\_

In what Position/Program? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you have a relative who works for Judson Center? Yes \_\_\_ No \_\_\_ If Yes, list name \_\_\_\_\_

No applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense or solely on the affirmative answer to any of the questions listed below. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered. If you need more space, please use an additional sheet of blank paper.

Have you ever been **convicted** of a misdemeanor or felony? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Are there any criminal charges pending against you? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Have you ever been administratively determined by a federal, or any state or local governmental agency to have committed abuse or neglect or Medicaid fraud? Yes \_\_\_ No \_\_\_

## B. EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_ Did you receive a Diploma or GED? \_\_\_\_\_

College/University \_\_\_\_\_ City/State \_\_\_\_\_ Course of Study \_\_\_\_\_ Did you graduate? If yes, with what degree? \_\_\_\_\_

Graduate School \_\_\_\_\_ City/State \_\_\_\_\_ Course of Study \_\_\_\_\_ Did you graduate? If yes, with what degree? \_\_\_\_\_

## C. LICENSE, CERTIFICATION, REGISTRATION, AND/OR ADDITIONAL TRAINING

License (field) \_\_\_\_\_ Certification (field) \_\_\_\_\_ Registration (field) \_\_\_\_\_

List any special skills or training related to the job you are applying for \_\_\_\_\_

Have you ever lost, or had limitations placed on any license, registration or certification you held, or currently hold?

Yes \_\_\_ No \_\_\_ If yes, please describe/explain: \_\_\_\_\_

Have you ever had disciplinary action taken against you by any licensing or regulatory board? Yes \_\_\_ No \_\_\_ If yes, please describe/explain: \_\_\_\_\_

**DISABILITY ACCOMMODATION REQUEST:** Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

**D. EMPLOYMENT HISTORY**

Starting with present or most recent, list all previous employers – you must complete this section even if you submit a résumé. Include self-employment, summer, full- and part-time jobs. If you need more space please use another sheet of paper or another application.

(1) **Name & Address of Company** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates Employed**  
From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

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

If still employed, may we contact your present employer to obtain a reference? Yes \_\_\_\_ No \_\_\_\_

Reason for leaving: \_\_\_\_\_

(2) **Name & Address of Company** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates Employed**  
From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

(3) **Name & Address of Company** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates Employed**  
From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

**E. RELEASE OF INFORMATION AND ACKNOWLEDGEMENT**

1. I hereby give you my permission to contact the above employers, employment references and educational institutions to verify the items I listed on this application. I hereby release Judson Center 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 expressly and fully waive all written notice from all prior employers. I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of the application or portions of this application to representatives of the Department of Human Services, Department of Mental Health and Community Mental Health agencies or other governmental agencies.
2. I further specifically waive written notice and agree to divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, or regulatory boards and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.
3. Driving record checks are performed at hire and periodically as required by our insurance companies for employees who operate vehicles owned by Judson Center and/or are required to use their personal vehicle for the position. I also give you my permission to perform any applicable check(s) of my driving record if I am now, or in the future, required to operate any vehicle owned by Judson Center.
4. I understand and acknowledge that, if hired, my employment and compensation will be at the will of Judson Center and can be terminated, with or without cause, and with or without notice at any time at the option of either Judson Center or myself. I further understand that no manager, representative, agent or employee of Judson Center other than the President has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or presentation must be in writing and signed by both myself and the President of Judson Center in order to be effective.
5. I also understand and acknowledge that as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination which may include tests for communicable diseases, drugs and/or alcohol. I further attest that I do not currently use any illegal drugs

**I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that any false statements or omissions on this application or attachments shall be sufficient cause for dismissal.**

Signature \_\_\_\_\_ Date \_\_\_\_\_