

MID-MICHIGAN RECOVERY SERVICES, INC.

Employment Application

An Equal Opportunity Employer

Applicant Information

Last Name	First Name	Full Middle Name	(Maiden Name if Different)	Today's Date
Present Address		City	State	Zip
Phone#	Cell Phone#	Email Address		
Social Security Number	Michigan Driver's License Number		Date of Birth	
Is your driving privilege currently restricted, suspended, revoked, denied, or canceled in Michigan or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime, including sex related or child-abuse related offenses? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any felony charges pending against you?* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please give dates, places, charges and disposition of all convictions, including all misdemeanors and felony convictions, and any other information about convictions you would like MMRS, Inc. to consider. MMRS, Inc. will conduct a criminal history file check for all new employees to determine the existence of any arrest resulting in conviction.				
* A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for.				

Position Applied For

Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either <input type="checkbox"/> Other - Explain
Date Available to Start	Available to work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any Days Available to work? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Number of hours per week available:
Have you ever been employed by MMRS, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Last Position and Date Left
How did you learn about this opening?	
Wage Desired	Are you related to anyone who currently works for MMRS, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name the individual and relationship:

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Education

School Name	Location	Course of Study	Graduate	Diploma or Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/Special Training (include Military Experience)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/Special Training (include Military Experience)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licensure or Registration

Licensure or Registration	Number	Date Received	Expiration Date	State Licensing Agency

Employment History

Start with present or most recent employer. List all paid full-time and part-time, including military service. Include all positions held. Include job related volunteer work. Use a separate line to describe each position. If needed, attach additional sheets, using the same format as on the application. **Resumes may be attached to provide additional information.**

Name of Employer	Telephone
Street Address	City State Zip
Position	Starting Salary Ending Salary
Description of Duties:	
Dates Employed	Supervisor's Name
From: _____ To: _____	
Reason(s) for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer	Telephone
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Street Address	City	State	Zip
Position	Starting Salary	Ending Salary	
Description of Duties:			
Dates Employed		Supervisor's Name	
From: _____ To: _____			
Reason(s) for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	Telephone		
Street Address	City	State	Zip
Position	Starting Salary	Ending Salary	
Description of Duties:			
Dates Employed		Supervisor's Name	
From: _____ To: _____			
Reason(s) for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	Telephone		
Street Address	City	State	Zip
Position	Starting Salary	Ending Salary	
Description of Duties:			
Dates Employed		Supervisor's Name	
From: _____ To: _____			
Reason(s) for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Personal References

Name	Address	Phone	Relationship

Professional References

Name	Address	Phone	Relationship

Application Statement

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal, at MMRS, Inc.'s discretion, if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, education, and criminal history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask MMRS, Inc. to attempt to make a reasonable accommodation for it. I must let MMRS, Inc. know of my need for accommodation within 182 days of when I knew or should have known of my need for such accommodation.

I understand that part-time and management employees of MMRS, Inc. are not represented by a collective bargaining unit, are employed on an at-will basis, and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the Executive Director, or his/her designee, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the Executive Director, or his/her designee. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of MMRS, Inc. and to work the hours, days and shifts (either day or night) scheduled by the management of the unit in which I am employed.

Date: _____ Applicant Signature: _____

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INQUIRY RELEASE

In connection with, and for the duration of my employment (or independent contract for services) with Mid-Michigan Recovery Services, Inc., I understand that investigative background inquiries may be made by MMRS, Inc. or its third-party designee on myself including consumer, criminal, driving and other reports. These reports may include information as to my creditworthiness, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. These reports and records will be used for the purposes of making hiring decisions or investigating certain incidents. Further, I understand that you may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. The aforementioned reports, records and information are hereinafter referred to as "Background Information".

I understand and agree that the Background Information is of material importance to MMRS, Inc. and that if I have given any false information, or I have omitted any material facts under any circumstances, I may not be hired, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, at the sole and absolute discretion of MMRS, Inc..

I hereby request that all references listed on my application, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to MMRS, Inc. and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to MMRS, Inc. or third party designee.

I authorize, without reservation, any party or agency contacted by MMRS, Inc. to furnish the above-mentioned information.

PLEASE PRINT

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First Name

Initial

Last Name

Maiden Name or Alias

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Date of Birth

Social Security Number

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Drivers License Number

State Issued

--

Current Address

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City

State

Zip

Applicants Signature

Date