

TURNER SEGUE HOME
18701 GRAND RIVER SUITE # 207
DETROIT, MI 48223
313.818.0300 (PHONE) 313.557.5129 (FAX)
www.turnerseguehome.com

JOB APPLICATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver License Number: _____

Email: _____

Do you have any impairment that would interfere with your ability to perform your job? Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain _____

Are there any felony charges pending against you? Yes _____ No _____

If yes, please explain _____

In Case of an emergency who should we contact?

Name _____ Phone No _____

Address _____

EDUCATION

High School/GED Attended _____ City/State _____

Years Attended _____ Year Graduated _____ or GED received _____

SCHOOL/ADDRESS	DATES	DEGREE	MAJOR

Do you have of the below Professional Licenses, Certifications and Credentials?

Direct Care Training []Yes []No

Medical Assistant []Yes []No

If yes please indicate license number: _____

Registered Nurse []Yes []No

If yes please indicate license number: _____

REFERENCE

Give the name of (3) personal references from persons not related to you, whom you have known at least one year:

<u>NAMES</u>	<u>ADDRESS</u>	<u>PHONE</u>

REFERENCE

Give the name of (3) professional references from supervisors, managers, administrators or executive directors whom you have worked for:

<u>NAMES</u>	<u>ADDRESS</u>	<u>PHONE</u>

EXPERIENCE / FORMER EMPLOYERS

<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>JOB TITLE</u>	<u>BEGIN/END DATE</u>

May we contact the employers, personal and professional references you have listed to determine whether you have ever had any violations substantiated against you? Yes_____ No_____

EMPLOYMENT DESIRED

Position_____ Date You Can Start_____ Salary Desired_____

Are you interested in working full-time or part-time? [] Full-time [] Part-time

Please list the hours and days the you could work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are You Employed_____ If Yes, May We Contact Your Employer? []Yes []No

Have You Ever Applied for employment with Turner Segue Homebefore? []Yes []No

If Yes When:_____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Turner Segue Home is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

CONSENT, EMPLOYEE AGREEMENT, AT-WILL STATUS

I understand that in listing the name of an individual reference or prior place of employment, I give permission to have them contacted, and release from liability both the reference and the employer from any damages that may result from furnishing the information to Turner Segue Home. I express and fully waive written notice from all prior employers.

Signature of Applicant _____ Date _____

I further understand that any dishonest answers on this application are grounds for or may result in immediate dismissal.

Signature of Applicant _____ Date _____

At Will Status

In consideration of my employment, I agree to conform to the rules, policies and regulations of Turner Segue Home. I understand my employment and compensation are for no definite periods, compensation may be withheld if breach of work contract, regardless of time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time at the sole discretion of Turner Segue Home. I further understand that no one other than Turner Segue Home has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing.

APPLICANTS SIGNATURE _____ DATE _____

This application will be kept current for three months. You need to complete another application to be reconsidered after this date. Please fax, email or mail your application to the addresses or fax number listed on front page.

For Employer Use

Date Interviewed _____ Interviewer _____

Starting Date _____ Position _____

Neatness _____ Character _____

Personality _____ Ability _____

Suitability Determination _____

Disposition _____ Hire _____ Retain For Files _____ Not Appropriate for Employment _____