

# Gunnisonville Meadows Employee Job Application

## Section I: Equal Employment Opportunity Employer

Gunnisonville Meadows, Inc. 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 requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

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## Section II: Applicant's Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Present Address:

\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP

Phone: Home: (\_\_\_\_\_) \_\_\_\_\_ Alternate/Cell: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_ (last 4 digits only please)

Are 18 years of age or older? [ ] Yes [ ] No

Can you perform the duties of the job for which you are applying with or without accommodation? [ ] Yes [ ] No

If no, please explain: \_\_\_\_\_

Do you have any relatives or a spouse employed by this organization? [ ] Yes [ ] No

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

Name and address of a person to be notified in case of an emergency:

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_____	_____
First Name	Last Name
( ) - _____	( ) - _____
Phone	Alternate Phone

Have you ever been convicted of a crime?  Yes  No  
(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you?  Yes  No  
(Answering "yes" to this inquiry will not automatically disqualify you.)

Have you ever worked for this organization in the past?  Yes  No

If so, did you work under a different name?  Yes  No  
If yes, is any additional information relative to a different name necessary to check your work record?  Yes  No

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

If the position for which you are applied requires you to drive while on duty, do you have a valid driver's license?  Yes  No

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### Section III: Availability & Work Interests

For which position have you applied?: \_\_\_\_\_

Have you been given a job description for this position?  Yes  No

Are you interested in full-time or part-time work?  Full-time  Part-time

On which days/shifts are you available to work? Please check the days and times that apply.

	(7am-3:30pm)	(3pm-11:30pm)	(11pm-7:30am)
Mon _____	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime
Tue _____	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime
Wed _____	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime
Thu _____	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime
Fri _____	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime

Sat \_\_\_\_\_ [ ] Daytime [ ] Evening [ ] Nighttime  
Sun \_\_\_\_\_ [ ] Daytime [ ] Evening [ ] Nighttime

On what date are you available to start work? \_\_\_\_\_

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#### Section IV: Education

**High School** \_\_\_\_\_  
Name Street City State

Did you graduate? [ ] Yes [ ] No

**College** \_\_\_\_\_  
Name Street City State

Did you graduate? [ ] Yes [ ] No

If yes, what degree did you obtain? \_\_\_\_\_

#### Business or Trade School

\_\_\_\_\_ Name Street City State

Did you graduate? [ ] Yes [ ] No

If yes, degree(s) or certificate(s) did you obtain? \_\_\_\_\_

#### Professional School

\_\_\_\_\_ Name Street City State

Did you graduate? [ ] Yes [ ] No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

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**Section V: Employment History** (Please start with present or most recent employer.)

Employer:	Telephone:
Address	Employment dates: From: _____ To: _____
Position:	Hourly Pay: Start: _____ End: _____
Name of supervisor:	Reason for Leaving:

Employer:	Telephone:
Address	Employment dates: From: _____ To: _____
Position:	Hourly Pay: Start: _____ End: _____
Name of supervisor:	Reason for Leaving:

Employer:	Telephone:
Address	Employment dates: From: _____ To: _____
Position:	Hourly Pay: Start: _____ End: _____
Name of supervisor:	Reason for Leaving:

May we contact your current supervisor or manager? [ ] Yes [ ] No

If no, why? \_\_\_\_\_

If yes, who should we call? \_\_\_\_\_

Name

Title

Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity? [ ] Yes [ ] No

If yes, which CMH entities were involved? \_\_\_\_\_

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? [ ] Yes [ ] No

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### Section VI: References

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, administrators, or executive directors for whom you have worked:

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

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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### Section VII: Professional Licenses, Certifications, and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid [ ] Yes [ ] No

If yes, please indicate your license number: \_\_\_\_\_

Nursing License [ ] Yes [ ] No

If yes, please indicate your license number: \_\_\_\_\_

Other job-related licenses, certifications, or credentials? [ ] Yes [ ] No

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

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### Section VIII: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Gunnisonville Meadows Assisted Living, Inc. 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 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 any written notice to me regarding the disclosure of information to Gunnisonville Meadows Assisted Living, Inc., I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representative of the

Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Gunnisonville Meadows Assisted Living, Inc., the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letter of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

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

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I certify that all of the information provided on this application is true, complete, and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process is grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

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

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**Section IX: At-Will Status**

In consideration of my employment, I agree to conform to the policies, rules and regulations of Gunnisonville Meadows Assisted Living, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the 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 Gunnisonville Meadows Assisted Living, Inc. or myself.

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

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

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Please return application to:

Gunnisonville Meadows Assisted Living, Inc.  
1758 E. Clark Rd., Lansing, MI 48906  
Email: [gunnisonvillemeadows@gmail.com](mailto:gunnisonvillemeadows@gmail.com)

Thank you!