

OCEANA SENIORS, INC.
6699 OCEANA DRIVE
HART, MI 49420
(231) 873-7737

APPLICATION FOR EMPLOYMENT

We are 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 or handicap in the hiring, promotion, payment or discipline of employee.

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make any accommodations.

Oceana Seniors, Inc. will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

Name: _____ Position Desired: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Number: _____ Social Security Number: _____

Do you have a valid Drivers License? _____ Yes _____ No
State that issued the license: _____ License #: _____

Are you eighteen years of age or older? _____ Yes _____ No

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: _____

Are you on a court-supervised probation or parole? _____ Yes _____ No If yes, please explain: _____

Can you perform the duties of the job in which you wish to be employed, with or without accommodation? _____ Yes _____ No

We operate programs 24 hours a day, 7 days a week, 52 weeks a year. Working any shifts and overtime hours is expected for continued employment. Are you able to meet this requirement? _____ Yes _____ No

Have charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services or Department of Social Services/Family Independence Agency adult foster care licensing investigation? _____ Yes _____ No
If Yes, please explain: _____

Have charges ever been substantiated again you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

Department of Commerce/Dept. of Consumer and Industry Services	_____ Yes	_____ No
Department of Social Services/ Family Independence Agency	_____ Yes	_____ No
A local Community Mental Health Recipient Rights Office	_____ Yes	_____ No
Any other recipient rights office	_____ Yes	_____ No

If Yes is your answer to any of the above, please explain (attach additional pages if necessary): _____

Have you ever applied or been employed by this organization before? _____ Yes _____ No If yes, date: _____

EDUCATION

High School Attended: _____ City & State: _____

Graduated: _____ Yes _____ No GED: _____ Yes _____ No

ADDITIONAL EDUCATION, TRAINING OR OTHER RELEVANT TRAINING

School and Address	Degree or Yrs Completed	Major	Graduated	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

Employer: _____ Address: _____ Phone: _____

Job Title: _____ Supervisor: _____ Date started: _____ Date left: _____

Reason for leaving: _____

Employer: _____ Address: _____ Phone: _____

Job Title: _____ Supervisor: _____ Date started: _____ Date left: _____

Reason for leaving: _____

Employer: _____ Address: _____ Phone: _____

Job Title: _____ Supervisor: _____ Date started: _____ Date left: _____

Reason for leaving: _____

PERSONAL REFERENCES

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

I hereby give you my permission to contact the employers, references, and educational institutions to verify the items I listed above. I hereby release Oceana Seniors, 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 expressly and fully waive notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personal files.

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 representatives of the Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community mental Health, and local community mental health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Oceana Seniors, Inc. the Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community mental Health, and local community mental health agencies, or other governmental 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, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability, and damages that may result from furnishing the information to you.

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

Signature: _____ Date: _____

Employment Agreement: In consideration of my employment, I agree to conform to the rules and regulations of Oceana Seniors, Inc. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Oceana Seniors, Inc. or myself. I agree that no one other than the Executive Director has any authority to make any changes to this agreement unless in writing and signed by both the Executive Director and myself.

Employee Signature: _____ Date: _____

Employer/Designee Signature: _____ Date: _____