

**ADULT LEARNING SYSTEMS—U.P.
JOB APPLICATION**

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, or mental or physical handicap, in the hiring, promotion, payment, disciplining and in all other terms of employment. If you are a person with a disability, 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 an accommodation. Michigan law permits us to require you to make your request for accommodation in writing. ALS-U.P. follows all guidelines as administered by the Americans with Disabilities Act. ALS-U.P. will not discriminate against a qualified individual with a disability able to perform the essential functions of the job with or without reasonable accommodations.

JOB APPLYING FOR: _____ TODAY'S DATE: _____

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

LAST NAME	FIRST NAME	FORMER SURNAMES	
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE

Are you 18 years of age or older? YES NO

Do you have the right to remain permanently in the U.S.? YES NO

If not, what is your legal status here? _____

Are you authorized to work in the U.S.? YES NO

How did you hear about this job? _____

Please circle correct answer to each question below.

Y N ALS-U.P. staff provide care for disabled individuals 24 hours a day, 7 days a week, 52 weeks a year. Working overtime is expected, if needed. Answering emergency calls for help is expected. Are you able to meet this requirement?

Y N Can you perform the job duties, listed on the job description for the position you have applied?

Y N If no, what accommodations can we make to enable you to perform the work required?

Y N Are you on a court-supervised probation or parole? If yes, please explain.

Michigan law requires that we perform a criminal history check on applicants who apply for certain positions within our organization.

1. Within the past 15 years, have you been convicted of a felony or an attempt or conspiracy to commit a felony? _____
2. Within the past 10 years, have you been convicted of a misdemeanor involving abuse, neglect, assault, battery or criminal sexual conduct, or a crime that is “substantially similar” to these? _____
3. Within the last 10 years, have you been convicted of a misdemeanor involving fraud or theft against a vulnerable adult? _____
4. If an offer is extended to you, will you permit us to obtain a copy of your criminal history (which may require fingerprinting)? _____

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

- ___ Department of Human Resources
- ___ A Community Mental Health Recipient Rights Office
- ___ Any other recipient rights office

If yes is answered to any of the above, please explain. (Attach additional pages if necessary.)

Y N Have you ever been employed by this organization before? If yes, give dates employed, site, supervisor, and indicate if employed under a different name.

Y N Are you related to any other ALS-U.P. employee, ALS-U.P. consumers, or a state or county employee for which ALS-U.P. conducts business? If yes, who? _____
What shifts do they work and where? _____

The position for which you are applying may require you to drive.

Y N Do you currently have a valid driver’s license?

Y N Any license restrictions?

Y N Has license been suspended/revoked in last 5 years?

Y N Any accidents? Give details _____

Driver’s License number _____

On which days and shifts are you available to work? Mon – [] Morning [] Afternoon [] Evening
Tues – [] Morning [] Afternoon [] Evening
Wed – [] Morning [] Afternoon [] Evening
Thur – [] Morning [] Afternoon [] Evening
Fri – [] Morning [] Afternoon [] Evening
Sat – [] Morning [] Afternoon [] Evening
Sun – [] Morning [] Afternoon [] Evening

On what date are you available to start work? _____

Educational Background

List Name and Address of Schools	Yrs	Diploma/ Degree	Subject Studied
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High School/GED

College or University

Vocational/Technical

Please include copy of High School, G.E.D. and/or college diploma and training certificates.

Employment History

Late names of employers in consecutive order with present or last employer listed first for the last 10 years. Account for all periods of time including military service and any periods of unemployment . If self-employed give firm name and supply business reference. PLEASE GIVE MONTH AND YEAR. Please attach additional sheets if necessary.

NAME OF EMPLOYER

JOB TITLES AND DUTIES

ADDRESS

DATES OF EMPLOYMENT (FROM – TO)

CITY, STATE, ZIP CODE

PAY: START \$ _____ END \$ _____

SUPERVISOR

TELEPHONE

REASON FOR LEAVING

NAME OF EMPLOYER

JOB TITLES AND DUTIES

ADDRESS

DATES OF EMPLOYMENT (FROM – TO)

CITY, STATE, ZIP CODE

PAY: START \$ _____ END \$ _____

SUPERVISOR

TELEPHONE

REASON FOR LEAVING

Employment History Continued

NAME OF EMPLOYER		JOB TITLES AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (FROM – TO)
CITY, STATE, ZIP CODE		PAY: START \$ _____ END \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLES AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (FROM – TO)
CITY, STATE, ZIP CODE		PAY: START \$ _____ END \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

**Other Employment References
(You must provide a phone number)**

Name – Position/Relationship	Company Name/Address	Phone No.
1.	_____	_____
2.	_____	_____
3.	_____	_____

Personal References

Name	Address	Phone No.	Relationship (no relatives)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Training Information

Related to Position – (Please provide copies if possible)

Agency Name

Dates of Training

1. _____
2. _____
3. _____

I hereby give permission to ALS-U.P. to contact the employers and references listed on this application including educational institutions to investigate information provided during the application process. I hereby release Adult Learning Systems – U.P. and the people and organizations, they contact from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my employment history and job performance. In the event that a prior employer or other organization is obligated to provide and written notice to me regarding the disclosure of information to Adult Learning Systems – U.P. , I hereby waive that obligation and expect no written notice of disclosure of such 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 or other information acquired during the application process to representatives 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 Adult Learning Systems – U.P., 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 both the release of the information and/or any response made or received.

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 any prior employers from all claims, liability and damages that may result from furnishing the information to you.

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.

READ CAREFULLY BEFORE SIGNING

I agree that I will file any claim or lawsuit I have relating to the application process within six months of the later of : (a) the date of this application or (b) the date on which the action upon which the claim is based occurred. I waive any statute of limitations to the contrary.

I agree that at the option of ALS–U.P., I may be required to submit any claimed violation of federal or state law related to this Application for Employment or the application process to a binding arbitration procedure for resolution or settlement. In other words, upon commencing suit or action against this organization or any of its agents for claimed violations of state or federal law occurring in the context of my application for employment with ALS-U.P., ALS-U.P. will have the right to have the suit dismissed and the claim resolved instead by way of binding arbitration. I agree to submit my claim to that resolution process and to be bound by it and that a circuit court may render judgment on the arbitration award as provided by law.

I understand that I am applying for a position under which I will be employed “at will.” I acknowledge that, if hired, I may be terminated at any time, with or without prior notice, discipline or warning. ALS – U.P. makes no representations as to how long I will remain employed, and need not have good cause to terminate me. I understand that no person other than Karen LaFave, the Chief Executive Officer (CEO) of the organization, has the authority to offer employment for a specified period of time or on terms contrary to or different from the foregoing. And any such offer of employment by the CEO is unenforceable unless it is in writing, specifically names me, and is signed by the CEO.

Applicant Signature

Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.