

**MACOMB RESIDENTIAL OPPORTUNITIES, INC.**

14 BELLEVIEW, SUITE 102, MT. CLEMENS, MI. 48043

586-469-4480

Date: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

MRO Inc. is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, 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 handicap, 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.

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NO. (\_\_\_\_) \_\_\_\_\_ SOC. SEC. NO. XXX-XX- \_\_\_\_\_ (last 4 digits only please)

Are you 18 years old or older? [ ] Yes [ ] No

Can you perform the duties of the job in which you wish to be employed, with or without accommodation?

[ ] Yes [ ] No

Do you have any relatives or a spouse employed by this organization? [ ] Yes [ ] No If yes, please provide names: \_\_\_\_\_

In case of an emergency, whom should we contact?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE/CELL PHONE \_\_\_\_\_

Have you ever been convicted of a crime? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

Are there felony charges pending against you? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? YES \_\_\_\_ NO \_\_\_\_ If yes, when, where and what was the nature of the case?

(Answering yes to any of the above questions does not automatically disqualify you)

Have you ever been employed by this organization before? [ ] Yes [ ] No If yes, give dates employed and indicate if employed under a different name: \_\_\_\_\_

**AVAILABILITY AND WORK INTERESTS**

We are licensed to provide adult foster care for 24 hours a day, seven days a week, 52 weeks a year. Working evenings and weekends is considered necessary for employment.

Are you available or interested in: Days: \_\_\_\_ Afternoons: \_\_\_\_ Midnights: \_\_\_\_ Weekends: \_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_

For which position have you applied? \_\_\_\_\_ Have you been given a job description? [ ] Yes [ ] No

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

If the position you applied for requires you to drive, do you have a valid driver's license? [ ] Yes [ ] No

## EDUCATION

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Graduated: YES \_\_\_\_\_ NO \_\_\_\_\_ or GED: YES \_\_\_\_\_ NO \_\_\_\_\_

Additional Education:

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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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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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<b><u>EMPLOYMENT HISTORY (please start with present or most recent employer)</u></b>
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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## REFERENCES

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>
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Give the names of two (2) personal references from supervisors, managers, administrators for whom you have worked:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>
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**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 Macomb Residential Opportunities, 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 MRO 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 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 MRO 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, letters of reprimand or other disciplinary action by all prior employers and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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 preemployment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AT-WILL STATUS**

**EMPLOYMENT AGREEMENT:** In consideration of my employment, I agree to conform to the rules and regulations of Macomb Residential Opportunities, Inc. I understand and agree that my employment and compensation are for no definite period and, my employment , regardless of the time and manner of my wages or salary, can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of MRO Inc. or myself.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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