

Valley Residential Services, Inc.
P.O. Box 186 St. Charles, Michigan 48655

EMPLOYMENT 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, weight, height, color, or handicap in the hiring, promotion, payment, 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. This request should be made in advance so that we can make an accommodation if it is not considered an undue hardship. We 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.

****Additionally, we are a smoke-free/tobacco-free employer, effective 11/21/2013. Tobacco products are prohibited while on pay status or while on or near any company property, including vehicles.**

****Be advised that some of our facilities have pets residing in the homes.**

Name _____ Email address _____
Address _____ City _____
State _____ Zip _____ Phone _____

**** All employees will receive their pay in the form of direct deposit, or they can choose to have it loaded onto a bank card on payday Friday.** Please indicate your preference below:**

Direct Deposit Bring this information on your 1st day of work: Bank Name, Account type – Checking, savings, debit, Account Number, 9 Digit Routing Number

Bank Card VRSI will provide one for you if you do not have one.

Position applying for _____

Have you received a job description for all positions for which you have applied?

Yes _____ No _____

Many positions require driving; do you currently have a valid Michigan driver's license? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

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

If an accommodation is needed, please list: _____

We are licensed to perform adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime is expected for continued employment.

Are you able to meet this requirement? Yes _____ No _____

Have you ever been convicted of a misdemeanor or a felony?

Yes _____ No _____

(Answering yes to this question may not automatically preclude you from consideration for employment. The Department of Health & Human Services will consider all of the circumstances surrounding the conviction and will notify us of your eligibility to be/remain hired.)

Have you ever been administratively determined by a federal, state, or local government agency to have committed abuse or neglect? Yes____No____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds, or any other recipient rights violations in an investigation by the Department of Health & Human Services? Yes_____No_____

A community mental health or other Recipient Rights Office? Yes_____No_____

Have you ever been employed by Valley Residential Services before? Yes____No____

When, and under what name?_____

Do you have any relatives already employed by Valley Residential Services, Inc.?

Yes ____ No____ If yes, please list their name_____

(Write N/A or Unknown if you're not sure.)

Were you referred by one of our employees? Yes ____ No ____ If yes, please list

their name: _____

EDUCATION

Highest level of education achieved:

Less than GED or High School Diploma GED High School Diploma

Post-secondary education:

Associates Degree Trade or certificate program Bachelor's Degree

Master's Degree Doctorate Degree

Course of study_____

PROFESSIONAL REFERENCES

Employer_____Supervisor Name_____Phone_____
Address_____Your Job Title_____

Employer_____Supervisor Name_____Phone_____
Address_____Your Job Title_____

Employer_____Supervisor Name_____Phone_____
Address_____Your Job Title_____

I hereby give permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release Valley Residential Services and the above referenced organizations, referenced persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file.

I 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 Licensing & Regulatory Affairs, Department of Health & Human Services, and local Community Mental Health agencies, or governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Valley Residential Services, the Department of Licensing & Regulatory Affairs, Department of Health & Human Services, local Community Mental Health agencies, and other various 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.

Signature _____ **Date** _____

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

Signature _____ **Date** _____

This application will be kept on file for two years. After that time, you will need to complete another application to be considered for employment.

EMPLOYMENT AGREEMENT

In consideration of my employment, I agree to conform to the rules and regulations of Valley Residential Services, 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 Valley Residential Services, Inc., or myself. I agree that no one other than Stephanie Riley or her designee, 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. I further agree that no other than Stephanie Riley, Executive Director, or designee, has any authority to make any changes to this employment agreement unless in writing and signed by Stephanie Riley or designee and myself.

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____

CONDITIONAL JOB OFFER

#1 Pursuant to the Adult Foster Care Facility Licensing Act (AFCFLA) and its amendments, this good faith offer of employment is conditioned upon the employer's ability to successfully establish the applicant's eligibility for employment. Good moral character, criminal history, reference checks and other indicators of overall suitability to work with vulnerable adults clearly conclude that the applicant meets the standards of the AFCFLA and the employer's personnel policies. This conditional job offer is also conditioned upon the applicant's timely cooperation with the obtainment of acceptable personal identification, signed releases, consent forms, criminal history records, fingerprinting and background checks as imposed by Public Act 29 of 2006, and any other employer personnel practices. Failure to comply fully with all of the requirements within 10 days will result in withdrawal of this offer.

#2 (a) In accordance with the provisions of the Americans with Disabilities Act, Valley Residential Services is making a conditional job offer to _____ for the position of _____. The offer of employment is conditioned upon successful completion of a medical examination. This medical examination is given to all individuals in the position for which you have applied.

(b) Such medical examination will be conducted at a medical facility selected by Valley Residential Services and will be paid directly by Valley Residential Services.

(c) Any information gathered from the medical evaluation will be kept confidential and disclosed only as lawfully permitted and maintained separate from your personnel files.

(d) The medical examination will be related to the essential functions of the job for which you have applied and this conditional offer.

(e) If your medical condition warrants we may ask you to apply to become certified as vocationally rehabilitated under Chapter 9 of the Michigan Workers Compensation Act.

(f) Valley Residential Service is an equal opportunity employer and will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, handicap, or genetic information in the hiring of employees.

(g) This conditional job offer does not alter in any way the At Will status of employment. If the medical evaluation is not complete within 30 days then the offer shall be withdrawn.

(h) Executive Director or Designee _____ Date _____

3-12; Rev. 5-13; Rev. 11-5-13; Rev. 6-14; 11-16, 9-17, 10-18, 4-19, 4-22

Applicant Signature

Date