

Name: _____
Date: _____

Dear Applicant:

We would like to thank you for taking the time to apply for a position through Community Opportunity Center (COC). Professional references should include a supervisor or owner of a previous or current place of employment. Along with this application, COC also requires a copy of the following:

Your Driver's License

Social Security Card

Proof of Insurance

Diploma or GED

Your driving record, criminal record through the State and FBI Fingerprinting, recipient rights record, and minimum of 2 references will be checked before consideration for an Interview.

	Sent	Rec'd
Criminal		
FBI Fingerprinting		
Driving		
ORR		
References		

Community Opportunity Center
33150 Schoolcraft Road, Ste. 104
Livonia, MI 48150
734 422-1020

We are an equal opportunity employer. It is the policy of Community Opportunity Center to provide equal membership/employment/service opportunities to all eligible persons without regard to race, religion, color, national origin, citizenship, age, sex, marital status, parent status, handicap, membership in any labor organization, political affiliation, height, weight and record of arrest without conviction.

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

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, or privileges of employment.

If hired, when can you start? _____

State hours you will be available:

	<u>Hours Available</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

COMMUNITY OPPORTUNITY CENTER
JOB APPLICATION

Name: _____ SS # _____

Address: _____ City: _____

State: _____ Zip: _____ Home Ph: _____ Cell Phone: _____

Position Applied for: _____ Full Time: _____ Part Time: _____

How did you learn about this position?

The position you have applied for requires driving; do you currently have a valid driver's license?

Yes _____ No _____ Driver's License #: _____

Are you 18 years or older? Yes _____ No _____

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift, any holiday and overtime hours is expected for continued employment. Are you able to meet this requirement? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ (Note: Affirmative answers to this question may not automatically preclude you from consideration for employment.) If you answered yes, please explain.

Are there any felony charges pending against you? Yes _____ No _____ If yes, please explain:

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? Yes _____ No _____ If yes, when, where and nature of the case:

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

Have charges ever been substantiated against you in a Department of Commerce, Michigan Department of Labor & Economic Growth, Department of Human Services or any Community Mental Health Agency.

Yes _____ No _____ If yes, please explain. (Attach additional pages if necessary.)

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling a person's funds or any other recipient rights violations in an investigation by?

Michigan Department of Labor and Economic Growth	Yes _____	No _____
Department of Human Services	Yes _____	No _____
A local Community Mental Health Recipient Rights Office	Yes _____	No _____
Any other Recipient Rights office	Yes _____	No _____

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

Have you ever been employed by this organization before? Yes _____ No _____

If yes, give dates employed and indicate if employed under a different name:

Please indicate the names of any relative(s) already employed by this employer?

EDUCATION

High school attended _____ City & State _____

Did you graduate? _____ GED _____ Date _____

ADDITIONAL EDUCATION

School	Degree	Major	Date	GPA

CONSENT FOR CRIMINAL RECORD CHECK

Name of Applicant: _____

Social Security #: _____ Drivers License # _____

Maiden Name or any previous names used: _____

Position Applied for: _____

As a condition of being considered for employment or hiring:

- a. I hereby consent to and authorize Community Opportunity Center (COC) to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search of state and federal criminal history records that include a fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Health Services, Corrections, and State Police.
- b. I hereby authorize the release of any relevant information to the COC to be used to conduct the background check as required under Michigan Act 27, 28 and 29 or 2006.
- c. I hereby provide the following information necessary to conduct a criminal background check:

Date of Birth	Place of Birth	Race	Height	Weight	Eye Color	Hair Color

- d. I understand that COC will make the final employment determination. I also understand that COC may terminate the background check or determine not to hire at any stage of the process.
- e. I understand that COC, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.

Signature of Applicant

Date

LEGAL GUIDE

An individual is prohibited from working in the covered long-term care setting if the individual has acquired one or more of the following:

A. Has been convicted of a relevant crime described under 42 USC 1320a-7. This Federal Statute provides a mandatory exclusion for individuals who have been convicted of the following crimes:

- Conviction related to patient abuse.
- Felony conviction related to health care fraud.
- Felony conviction related to controlled substances.
- Conviction of a crime related to the delivery of an illegal item or service.

This Federal Statute also provides a permissive exclusion for individuals who have been convicted of the following crimes:

- Misdemeanor fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct.
- Conviction related to obstruction of an investigation.
- Misdemeanor conviction related to controlled substances.

B. Has been convicted of any of the felonies listed below:

- An attempt or conspiracy to commit a felony listed below or
- State or Federal crime that is “similar” to the listed felonies (other than felony for a relevant crime described under 42 USC 1320a-7).

If 15 years have lapsed since the individual completed all of the above terms and conditions of his/her sentencing, parole, and probation for that conviction prior to the date of application of employment of clinical privileges or the date of the execution of the independent contract, then the individual is not prohibited from working in covered long-term care settings.

Felonies Requiring a 15 Year Lapse:

- A felony involving cruelty or torture.
- A felony involving criminal sexual conduct.
- A felony involving abuse or neglect.
- A felony involving the use of a firearm or other dangerous weapon.
- A felony involving the diversion or adulteration of a prescription drug or other medications.
- A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body

- function which involves the use of force or violence or that involves the threat of force or violence.
- A felony that involves vulnerable adult abuse under Chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.

C. Have been convicted of a felony or an attempt or conspiracy to commit a felony for a relevant crime described under 42 USC 1320a-7 or felony described under subdivision (b), unless 10 years have lapsed since the individual completed all of the terms and conditions of his/her sentencing, parole and probation for the conviction prior to the date of application for employment or clinical privileges or the date of the execution of the independent contract.

D. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 10 years immediate preceding the date of application for employment of clinical privileges or the date of the execution of the independent contract.

Misdemeanor Convictions Requiring a 10 Years Lapse:

- A misdemeanor involving abuse or neglect.
- A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).
- A misdemeanor involving criminal sexual conduct.
- A misdemeanor involving vulnerable adult abuse, Chapter XXA of the Michigan Penal Code 1931 PA 328, MCL 750.145m to 750.145r.
- A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or other dangerous weapon that results in a personal injury; or a misdemeanor involving the use of force or violence or the threat of the use of violence.

E. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relative crime described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 5 years immediately preceding the date of application for employment of clinical privileges or the date of the execution of the independent contract.

Misdemeanor Convictions Requiring a 5 Year Lapse:

- A misdemeanor involving cruelty, if committed by an individual who is less than 16 years of age.
- A misdemeanor involving home invasion.
- A misdemeanor involving embezzlement.

- A misdemeanor involving negligent homicide.
- A misdemeanor involving larceny, unless otherwise provided under subdivision (g).
- A misdemeanor of retail fraud in the second degree unless otherwise provided under subdivision (g).
- Any misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f) or (g).

F. Has been convicted of any of the following misdemeanors, other than a misdemeanor described under 42 USC 1320a-7, or a State or Federal crime that is substantially similar to the misdemeanor described in this subdivision, within the 3 years immediately preceding the date of application for employment of clinical privileges or the date of the execution of the independent contract.

**COMMUNITY OPPORTUNITY CENTER
MOTOR VEHICLE REPORT**

Community Opportunity Center may obtain a Motor Vehicle Report as part of the job application/employment process. The report may be procured by Farmington Insurance Agency LLC and may include the applicant's driving record, an assessment of insurability under the company's insurance coverage or other reports.

By signing this disclosure, I hereby authorize Community Opportunity Center to procure such reports and additional reports about me from time to time, if I am hired, as it deems appropriate to evaluate my insurability or for other permissible purposes.

Print Name of Applicant

Applicant's Signature

Date

COMMUNITY OPPORTUNITY CENTER
Unacceptable Drivers

The following recommended guidelines indicate those drivers who would be deemed *unacceptable* to drive a COC vehicle or to drive a personal vehicle on COC business.

- **One or more Type A Violations in the past three (3) years**

Type A Violations include:

1. DWI/DUI/OUI/OWI—Drugs or alcohol
2. Refusing to take a substance test
3. Driving with an open container (alcohol)
4. Manslaughter or negligent homicide using a motor vehicle
5. Driving while license is suspended or revoked
6. Operating a motor vehicle for the commission of a felony
7. Aggravated assault with a motor vehicle
8. Permitting an unlicensed person to drive
9. Reckless driving
10. Fleeing or evading police or roadblock
11. Resisting arrest
12. Speed contest (racing)
13. Hit and run (bodily injury or property damage)
14. Failure to report an accident
15. Illegal passing of a school bus
16. Other violations considered serious by state law.
17. Passing a stopped school bus.
18. Other violations considered serious by state law.

- **Any three or more Type B Violations in the past three (3) years**

Type B Violations include:

1. Having a license suspended in the past related to moving violations
2. Three or more moving violations within three years including:
 - Speeding
 - Improper lane change
 - Failure to obey traffic signal or sign
 - Failure to yield
 - Careless driving
 - At fault accidents
3. Any driver who is under 21 years of age.
4. Any driver who has been licensed for less than three (3) years, regardless of age.

5. Any driver who has only an international or foreign driver's license.
6. Any driver who is not licensed in the state where (s) he resides within the time required by that state. This applies to those states that require drivers to be re-licensed within a certain time period.
7. For drivers over 65, a physician statement should be obtained indicating that the driver is not otherwise limited in capacity.
8. Two or more at-fault accidents within three years.
9. Violations and accidents combined: more than one at-fault accident and one violation within the last three years - when not the same incident.

Applicant's Name

Applicant's Signature

Date

Witness

Date

CONSENT TO RELEASE OF RECIPIENT RIGHTS INFORMATION

I hereby authorize Detroit-Wayne County Community Mental Health Agency to release to:
Community Opportunity Center
33150 Schoolcraft Road, Suite 104 Fax: 734-422-7401 Phone: 734-422-1020
Livonia, MI 48154

Any and all written reports and records it may have that indicate I was involved in a substantiated Recipient Rights Complaint. In signing this Consent to Release, I waive any and all rights I may have, whether known or unknown, to commence any legal action against Detroit-Wayne County Community Mental Health Agency on the basis of any claim related to the disclosure of written reports and records covered by this consent to release information to the Corporation named above.

Name: _____
(Please print) MAIDEN OR OTHER NAME(S) USED

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

WITNESS NAME: Joyce Dowedite SIGNATURE: _____ DATE: _____

PROVIDER CORPORATION ACKNOWLEDGEMENT

Community Opportunity Center acknowledges:

- that Detroit-Wayne County Community Mental Health Agency (DWCCMHA) will disclose certain recipient rights information with the written consent of above-named individual;
- that the recipient rights information provided by DWCCMHA, pertains only to the time period as specified by the DWCCMHA;
- that DWCCMHA makes no representation as to whether the recipient rights information that is disclosed includes every recipient rights violation substantiated against this above-named individual during the specific time period;

and agrees that it will not rely on the recipient rights information disclosed by DWCCMHA as the sole source of recipient rights information that may pertain to the above-named individual who has applied for employment with it.

SIGNATURE: _____ DATE: _____
Executive Director/Designee

SEND TO: Kip Kliber, Office of Recipient Rights-DWCCMHA PHONE: 313-833-2089
640 Temple FAX 313-833-2043 or
Detroit, MI 48201 833-7066

NOTICE TO PROVIDER CORPORATION

TO BE COMPLETED BY DWCCMHA:

Upon review of our records for the period from _____ to _____, the following was discovered: The above named individual

was identified as having a substantiated case violating a Code-Protected right:

Case Number(s): _____ Date(s) of report(s): _____

Violation(s): _____

was not identified as having a substantiated case violating a Code-Protected right.

Signature and Title of Authorized Representative Date
DWCCMHA

I consent to releasing all information relating to my job performance which is documented in my personnel file.

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 Michigan Department of Labor and Economic Growth, Department of Human Services, Department of Community 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 COC, all previously mentioned agencies designated and those listed only as other government 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 immediate dismissal.

Signature _____ Date _____

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

Employment Agreement: In consideration of my employment, I agree to conform to the rules and regulations of the employer and 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 the employer or me. I agree that no one other than the Community Opportunity Center's Executive Director 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 one other than the Executive Director or her/his designee has any authority to make any changes to this Employment Agreement unless in writing and signed by both the Executive Director and me.

Employee Signature

Date

Employer Signature

Date

REFERENCES

Please give three personal references (people not related to you)

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____
_____	_____

Please list one family member reference (not a spouse)

<u>Name</u>	<u>Phone Number</u>
_____	_____

Please list three professional references:

<u>Contact Name</u>	<u>Title</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience: (List current or most recent employer first.)

<u>Company</u>	<u>Title</u>	<u>Dates Worked</u>	<u>Reason You Left</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please write a paragraph: Express why you are suited for a position with our company. (Continue on back of page if necessary.)

COMMUNITY OPPORTUNITY CENTER INTERVIEW QUESTIONS

Please take a few moments to answer the following questions. We will discuss them during your interview.

1. What interests you most about working for Community Opportunity Center (COC)?
2. What skills would you bring to COC?
3. What is the most challenging experience you have had in your work experience?
4. How did you handle the above challenging experience?
5. What motivates you to do this kind of work?
6. Have you ever worked with someone who is physically and/or verbally aggressive? If so, how did you handle the situation?
7. Would you be able to work extended hours if necessary to perform your job?
8. Why did you leave your previous job?
9. What does developmentally disabled mean to you?

10. Are you willing to take an individual with who you are working in your vehicle? Do you have liability insurance valued at \$100,000/\$300,000?