

Applicant Instructions**Please Read the Instructions Before Completing Application**

Community Opportunity Center
14147 Farmington Road
Livonia, MI 48154

Human Resources: 734.838.0535
Fax: 734.422.7401
Website: www.cocliving.com

Welcome to Community Opportunity Center. We appreciate your application for employment.

All sections of the application **MUST** be completely filled out; a resume is requested and can be very helpful, but please do not consider it a substitute or use "see resume" on any section of the application. Incomplete applications will not be processed.

COC requires a minimum of three references, two professional and one personal, a signed authorization to check with the Michigan State Police criminal history records, and the National FBI for a fingerprint search. In addition, a current Michigan driver's license, proof of car insurance, Social Security card, high school diploma or GED and current resume. If you were a recent resident of another state, a driving record and criminal history report from that state must be obtained.

Your application is extremely important to us in the eventual selection of a candidate for a vacancy at Community Opportunity Center. Regardless of our decision, your application will remain on file and may be activated for any similar future vacancies that may arise in the next six months.

COMMUNITY OPPORTUNITY CENTER**APPLICATION FOR EMPLOYMENT**

To the applicant: We appreciate your interest in Community Opportunity Center and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

Applicant's Personal Information

Name:

(please print) First Middle Last

Present HomeAddress: Number Street

City State Zip Code

Phone: Home: ()

Alternate/Cell: ()

Social Security Number:

Are you 18 years of age or older? ☐ Yes ☐ NoAre you authorized to work in the United States? ☐ Yes ☐ NoCan you perform the duties of the job for which you are applying with or without accommodation? ☐ Yes ☐ No

If no, please explain:

Do you have any relatives, friend employed by Community Opportunity Center? ☐ Yes ☐ No

If yes, please provide names:

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ NoIf yes, please explain:
(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony or misdemeanor charges against you? ☐ Yes ☐ No

If yes, please explain: _____
(Answering "yes" to this inquiry will not automatically disqualify you.)

Have you ever been employed by Community Opportunity Center before? ☐ Yes ☐ No

If yes, When? _____

If so, did you work under a different name? ☐ Yes ☐ No

If yes, please explain: _____

Are you willing to take an individual with whom you are working in your vehicle? Do you have liability insurance valued at \$100,000/\$300,000? ☐ Yes ☐ No

Are you willing to maintain a safe and reliable vehicle? ☐ Yes ☐ No

Availability and Interests in Work

For which position have you applied? _____

COC is licensed to provide adult foster care for 24 hours a day, 7 days a week, and 52 weeks per year. Working any shift, any holiday and overtime hours is expected when needed for continued employment. Employee's hours may change based on the needs of the home and individuals we serve.

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

Are you interested in full or part time work? ☐ Full-time ☐ Part-time

On which days and shifts are you available to work?

Mon	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Tues	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Wed	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Thurs	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Fri	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Sat	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights
Sun	_____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Midnights

On what date are you available to start work? _____

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? ☐ Yes ☐ No

Have charges 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

Education

High School _____

Did you graduate? ☐ Yes ☐ No If no, do you have a GED ☐ Yes ☐ No

College _____

Did you graduate? ☐ Yes ☐ No

If yes, what degree(s) did you obtain?

Employment History (Please start with the present or most recent employer)

Company Name: _____ Telephone: _____

Address: _____

Employment Dates (month/year) From: _____ To: _____

Position Title: _____ Name of Supervisor: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Employment Dates (month/year) From: _____ To: _____

Position Title: _____ Name of Supervisor: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Employment Dates (month/year) From: _____ To: _____

Position Title: _____ Name of Supervisor: _____

Reason for Leaving: _____

May we contact your current supervisor or manager? ☐ Yes ☐ No

If no, why?

If yes, whom should we call?

Name

Title

Phone

Personal References

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

Name: _____

Phone: _____ Years known: _____

Professional References

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: _____ Title: _____

Company: _____ Phone: _____

Name: _____ Title: _____

Company: _____ Phone: _____

Consent

I hereby give Community Opportunity Center my permission to contact the above employers, references and educational, licensing credentialing and certification institutions. I hereby release Community Opportunity Center 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 that is documented in my personnel file. In the event that any employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Community Opportunity Center, 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, Detroit Wayne County Mental Health Authority, local community mental health entities and other governmental agencies or private agencies for licensing or investigatory purposes and to verify information I have listed in this job description. I hereby release Community Opportunity Center, the Department of Human Services, Department of

Community Health, Detroit Wayne Mental Health Authority, 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 any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant's Signature

Date

Employment Agreement: In consideration of employment, I agree to conform to the rules and regulations of the employer. 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 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 hers/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.

Applicant's Signature

Date

Witness' Signature

Date

I certify that all 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 are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins. I agree that either party may terminate the employment relationship with, or without notice or cause at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the executive director of the agency.

I agree that I shall be bound by the rules, regulations and terms and conditions of employment of the agency as they are from time to time changed, and no additional obligations can be imposed on the agency except those which have been acknowledged in writing by the executive director or his/her designee. I hereby authorize Community Opportunity Center to deduct from each and every pay period any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me, or owed by me to Community Opportunity Center during the period of my employment.

I agree that any action or suit against Community Opportunity Center, its agents or employees, arising out of my employment or termination of employment, including but not limited to claims under state, but not Federal or civil statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring

any non-statutory action or claim arising out of my employment against Community Opportunity Center, in which Community Opportunity Center prevails, I will pay to the agency any and all costs incurred by Community Opportunity Center in defense of said claims or actions, including attorney fees.

Applicant's Name

Applicant's Signature

Date

Witness' Signature

Date

Consent for Criminal Record Check

Name of Applicant: _____

Social Security No: _____ Driver's License No: _____

Maiden Name or any previous names: _____

As a condition of being considered for employment:

- 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 Department of Community Health, Health Services, Corrections and State Police.
- b. I hereby authorize the release of any relevant information to COC to be used to conduct the background checks 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.

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Applicant's Signature

Date _____

Witness' Signature

Date _____

I authorize release of information regarding my professional/personal records to Community Opportunity Center. I understand this information will be used for employment purposes only and will remain confidential.

Applicant's Name (Please Print)

Applicant's Signature

Date _____

The above individual has applied for a position in which he/she will spend time with adults who have developmental disabilities who live in homes affiliated with Community Opportunity Center. Your response to the following inquires would be greatly appreciated. You may rest assured that your reply will be held in strict confidence.

Reference Name

Company

Title

Employment dates: _____

Position held by applicant: _____

Reason applicant left: _____

Would you re-employ applicant? _____

Please rate the following areas:

	Excellent	Good	Average	Below Average
Job knowledge	_____	_____	_____	_____
Work quality	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
with supervisor	_____	_____	_____	_____
Ability to work	_____	_____	_____	_____
with peers	_____	_____	_____	_____
Supervisory skill	_____	_____	_____	_____

Additional comments if any: _____

Signature

Title

Date

I authorize release of information regarding my professional/personal records to Community Opportunity Center. I understand this information will be used for employment purposes only and will remain confidential.

Applicant's Name (Please Print)

Applicant's Signature

Date

The above individual has applied for a position in which he/she will spend time with adults who have developmental disabilities who live in homes affiliated with Community Opportunity Center. Your response to the following inquires would be greatly appreciated. You may rest assured that your reply will be held in strict confidence.

Name of reference person: _____

Relationship to applicant: _____

Length of time you have known this person: _____

Please rate the following areas:

Excellent	Good	Average	Below Average
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Integrity	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Genuine concern for others	_____	_____	_____	_____
Compatibility with others	_____	_____	_____	_____

Additional comments if any: _____

Signature	Title	Date
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*If reference checked by phone:

COC Representative: _____