



St. Louis Center 16195 Old U.S. 12 Chelsea, MI 48118-9646
 (734) 475-8430 FAX (734) 475-0310 www.stlouiscenter.org



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law. You may request any needed reasonable accommodation to participate in the application/interview process. Request should be made in advance in order to make accommodations.

Please Print or Type

Last Name	First	Middle	Date ____/____/____
Street Address			Home Telephone ____ - ____ - ____
City	State	Zip	Business Telephone ____ - ____ - ____
Do you currently have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State: _____			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Month and Year: _____ Location: _____			
Position Desired:			
We are licensed to provide child care and adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours is expected for continued employment. Are you able to meet this requirement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired: <input type="checkbox"/> Full <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			
If you desire part time or seasonal employment, what days and hours are you available? _____			
Desired shift <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift			
When could you begin work? _____			
Are you legally eligible for employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
St. Louis Center is a "Drug-Free Workplace" Do you object to a security drug screen?			<input type="checkbox"/> Yes <input type="checkbox"/> No

St. Louis Center is a caring, residential, family living and learning environment providing for the physical, emotional and spiritual needs of children and adults with developmental disabilities.

EDUCATION

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training or Skills				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please provide accurate, complete full and part time employment history beginning with your present or most recent employer.

Company Name	Telephone
Address	Employed- (State month and year) From: ___/___ To: ___/___
Name of Supervisor	Weekly pay Start: _____ Last: _____
State Job Title and Describe Your Work	Reason for leaving

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P E R S O N A L R E F E R E N C E	Name	Address	Telephone No.

P R O F E S S I O N A L R E F E R E N C E	Name	Address	Telephone No.

I hereby give my permission to contact the above employers, references and educational institutions to verify that items I listed above. I hereby release St. Louis 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 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 also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portion of this application to representatives of the Department of Consumer and Industry services, Family Independence Agency, 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 St. Louis Center, the Department of Commerce, Family Independence Agency, Department of Community Mental Health, the 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 or false answers on this application or in subsequent interviews are grounds for or may result in 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 St. Louis Center. 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 St. Louis Center or myself. I agree that no one other than Administration 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 Administration has any authority to make any changes to this Employment Agreement unless in writing and signed by both Administration and myself.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

TITLE _____

