

**RESIDENTIAL OPTIONS, INC.
2121 E. GRAND RIVER
LANSING, MICHIGAN 48912**

**PLEASE RETURN APPLICATIONS TO:
2425 E. GRAND RIVER
LANSING, MICHIGAN 48912**

Job 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 disability in the hiring, promotion, payment, or discipline of employees.

If you are a person with a disability, 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.

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.

Name: _____ S.S. #: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone: _____

Position applied for: _____

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

_____ Yes _____ No

Driver's License#: _____

Do you currently have any driving restrictions? If yes, explain _____

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

If accommodations are required, please explain _____

Are you 18 years of age or older? _____Yes _____No

We are licensed to provide adult foster care 24 hours a day, 7 days a week, and 52 weeks a year in our group home sites. Working any shift 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

If yes, please explain _____

Are you on a court-supervised probation or parole? _____Yes _____No

If 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 governmental agency to have committed abuse or neglect? _____Yes _____No

If yes, please explain _____

Have you ever worked at an adult foster care home before? _____Yes _____No

If yes, please list name(s) of home _____

If yes, were you ever involved in a DHS Licensing violation investigation involving abuse, neglect, exploitation, mishandling of client funds, or has there ever been a Recipient Rights complaint filed against you? _____Yes _____No

If yes, please explain _____

Have you ever been employed by this organization before? _____Yes _____No

If yes, give dates of employment and indicate if employed under a different name_____

Do you have any friends or relatives employed by this agency? _____Yes _____No

If yes, please list their name(s) _____

Are you an American Citizen? _____Yes _____No

If no, Work Visa #_____

Have you ever had a Worker's Compensation claim as a result of an injury at the work site?

_____Yes _____No

If yes, please explain_____

Education

High School: _____

City and State: _____

Graduated? _____Yes _____No OR G.E.D. Completion Date:_____

Additional Education

SCHOOL	ADDRESS	DEGREE	MAJOR

Personal References (Please do not include relatives, roommates, or significant others.)

NAME	ADDRESS	PHONE

Professional References

Company: _____

Dates Employed: _____

Wage: _____

Supervisor: _____

Position: _____

Reason for Leaving: _____

Phone #: _____

Company: _____

Dates Employed: _____

Wage: _____

Supervisor: _____

Position: _____

Reason for Leaving: _____

Phone #: _____

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Residential Options, Inc. and the 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 due to 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 Commerce/Department of Consumer and Industry Services, Department of Human Services, Department of Community Health, and local Community Mental Health agencies, or other governmental or private agencies for all licensing or investigator purposes and to verify information I have listed in this job application. I hereby release Residential Options, Inc., the Department of Commerce, Department of Human Services, Department of Community Health, the local Community Mental Health Authorities and other various governmental or private agencies from all claims, liability, and damages that may result from furnishing the information.

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 from all claims, liability, and damages that my result from furnishing the information.

SIGNATURE _____ DATE _____

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

SIGNATURE _____ DATE _____

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

I hereby certify that all of the information stated above is true to the best of my knowledge. I further realize that this application does not constitute an offer of employment by Residential Options, Inc. and that it creates no obligation. If I am employed, in consideration of that employment I agree to conform to the rules and regulations of Residential Options, Inc., and I agree that my employment and compensation may be terminated with or without cause and with or without notice at any time at the sole discretion of Residential Options, Inc. I understand that no employee, officer, or other representative of Residential Options, other than the Director, has any authority to enter into any agreement for employment for any specified purpose or period of time or to make any agreement contrary to the foregoing.

SIGNATURE _____ DATE _____

Our Mission

To provide a continuum of quality residential care that maximizes each individual's potential for independence and integration into their community.

RESIDENTIAL OPTIONS, INC.

Pre-employment Screening

- 1. What experience have you had working with children or adults with developmental disabilities?

- 2. Do you have any specialized training? (E.g. CNA, CMH training, CPR, First Aid, etc.)

- 3. What are some ways a consumer could communicate to us if they are unable to verbally communicate with language?

- 4. What would you do if you were working with a consumer who became upset and attempted to physically harm you?

- 5. Andy gets a medication called Depakote, 150mgs, twice a day. How many mgs does Andy take in a day? _____

- 6. If you “clocked” in to work at 3:15 PM and “clocked” out at 6 PM, how long did you work?

7. How many 8-hour shifts could you take off if you had 30 hours of Leave of Absence earned?

8. The Michigan Adult Foster Care Licensing Act gives each resident the “right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.” What does that mean to you?

9. Why do you feel you would make a good employee for Residential Options, Inc.?

10. Is there anything else you feel we should know about you?

RESIDENTIAL OPTIONS, INC.

Applicant Availability

Name: _____

Phone Number: _____

Alternate Phone Number: _____

Number of hours desired per week: _____ (minimum) _____ (maximum)

Are you available for overnight shifts? _____

Are you available summers? _____

How long do you expect to be in the area and available to work? _____

Remember to consider work hours, childcare, religious obligations, and school commitments.

DAY	Hours Available	Hours Not Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please list any extended time off needed we should be aware of: _____
