

REAL LIFE LIVING SERVICES

Application for Employment

Real Life Living Services is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, veteran status, 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 or interview process. This request should be made in advance so that we can make an accommodation. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Position[s] applied for: _____ Date of Application: _____
Name: _____
Address: _____ Phone, Home: _____
City: _____ State: _____ Zip: _____ Phone, Cell: _____

Are you 18 years of age or older? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give dates, program, reason for leaving and indicate if employed under a different name: _____

Have you received a position description for all positions applied for? Yes No

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

If the position you applied for requires driving, do you currently have a valid driver's license? Yes No

We provide supported living services for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime hours is expected for continued employment. Are you able to meet this requirement? Yes No

Date available for work: _____/_____/_____

Are you currently employed at another full time job? Yes No

If yes, how will this effect your availability for work? _____

Please indicate the names of any relatives already employed by Real Life Living Services:

How did you hear about Real Life Living Services?

Advertisement Employee Relative/Friend Walk-in Government
 Employment Agency Private Internet/Web Site Other: _____

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 yes, please explain. _____

Are there any felony charges pending against you? Yes No

If yes, please explain. _____

EMPLOYMENT HISTORY

List your employment history for the last 10 years, starting with the most recent. Please explain any gaps of employment in the comment section.

EMPLOYMENT DATES

EMPLOYER: (_____) TELEPHONE: ____/____/____ - ____/____/____
STARTING ENDING

ADDRESS: JOB TITLE: _____

WORK PERFORMED: _____

SUPERVISOR: REASON FOR LEAVING / COMMENTS: _____

EMPLOYMENT DATES

EMPLOYER: (_____) TELEPHONE: ____/____/____ - ____/____/____
STARTING ENDING

ADDRESS: JOB TITLE: _____

WORK PERFORMED: _____

SUPERVISOR: REASON FOR LEAVING / COMMENTS: _____

EMPLOYMENT DATES

EMPLOYER: (_____) TELEPHONE: ____/____/____ - ____/____/____
STARTING ENDING

ADDRESS: JOB TITLE: _____

WORK PERFORMED: _____

SUPERVISOR: REASON FOR LEAVING / COMMENTS: _____

WORK / PROFESSIONAL REFERENCES (2)

Applicants Name (Print)

Agency/Company Name: _____ Telephone: _____

Reference Name: _____ Position Held: _____

Address: _____ City: _____ State / Zip: _____

Date of Hire: _____ Date of Separation: _____

AUTHORIZATION
I authorize you to furnish Real Life Living Services with information concerning my previous / current employment record, job performance and character, and I release you from any and all liability for providing this information.

SIGNATURE OF APPLICANT

DATE

Applicants Name (Print)

Agency/Company Name: _____ Telephone: _____

Reference Name: _____ Position Held: _____

Address: _____ City: _____ State / Zip: _____

Date of Hire: _____ Date of Separation: _____

AUTHORIZATION
I authorize you to furnish Real Life Living Services with information concerning my previous / current employment record, job performance and character, and I release you from any and all liability for providing this information.

SIGNATURE OF APPLICANT

DATE

PERSONAL REFERENCE (1)

Applicants Name (Print)

Reference Name: _____ Telephone #: _____

Address: _____ City: _____ State / Zip: _____

How long have you known the Applicant?: _____ Relationship: _____

AUTHORIZATION
I authorize you to furnish Real Life Living Services with information concerning my character, and I release you from any and all liability for providing this information.

SIGNATURE OF APPLICANT

DATE