

FRANKFORT PINES

ASSISTED LIVING APARTMENTS

119 Airport Rd Frankfort, MI 49635

231-352-1000 Fax 231-352-8044

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 mental or physical handicap, in the hiring, promotion, payment or discipline of employees.

(PLEASE PRINT)

Name _____ Phone _____ SS# _____

Address _____ City _____ State _____ Zip _____

Do you currently have a valid driver's license? Yes No Driver's License # _____

Email address _____ Are you 18 years of age or older? Yes No

Position(s) applied for _____

Have you received a job description for the position(s) 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

We are licensed to provide care 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? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain _____

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

Have you ever been determined by a federal, state or local governmental agency to have committed abuse or neglect?

Yes No If yes, when, where, and nature of the case _____

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

Have you ever been the subject of a Department of Commerce adult foster care licensing investigation? Yes No

If yes, please explain _____

Have you ever personally been investigated by the Department of Commerce Adult Protective Service Unit, Department of Mental Health Recipient Rights Office, a Community Mental Health Recipient Rights Office or other recipient rights office? Yes No

If yes, please explain _____

Have you ever been the subject of a federal, state or local agency investigation concerning client welfare? Yes No

If yes, please explain _____

Have you ever been employed by this organization before? Yes No If yes, provide the dates employed and indicate if

employed under a different name _____

In case of emergency, whom should we contact?

Name: _____ Phone _____ Relationship _____

EDUCATION

High school attended _____ Graduate ____ or GED ____ City/State _____

Additional education _____

WORK HISTORY

Employer Name, Address & Phone Number	Dates employed	Reason for leaving

PERSONAL REFERENCES

Name & Address	Relationship	Phone

EMPLOYMENT REFERENCES

Name & Address	Phone

For security purposes, we use an audio/video surveillance system to monitor our building. It may be recording at any time. A criminal background check and drug test may be required as a condition of employment.

I have read and understand the above questions and policies. I agree to the terms listed and declare that my answers are true to the best of my knowledge:

Signature: _____ Date: _____