



Application for Employment

Spectrum is an equal opportunity employer. Spectrum does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Position(s) applied for: _____ Date of Application: _____
Name: _____ Social Security Number: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Work Phone: _____
Email Address: _____ Mobile Phone: _____

Are you at least 18 years old? [] Yes [] No
Have you filed an application here before? Yes [] No [] If yes, give date(s): _____
Have you ever been employed by a Spectrum company before? [] Yes [] No
If yes, reason for leaving: _____
Do you have a relative currently employed with Spectrum? [] Yes [] No
If yes, provide the employee's full name: _____
Are you legally eligible for employment in this country? [] Yes [] No

Note: Proof of citizenship or immigration status will be required upon employment

Date available for work: _____
Type of employment desired: Full-Time Part-time Emergency Relief
Job interests - Type of work you are seeking (check those that apply):
[] Direct Care [] Supervisor/Manager [] Professional [] Clerical [] Other
Desired service population: [] Children [] Adults [] Developmentally Disabled
[] Emotionally Impaired [] Abused [] Delinquent
Are you currently employed at another full-time job? [] Yes [] No Explain: _____
Do you possess a valid, unrestricted Michigan Driver's License? [] Yes [] No
If you answered "No", please explain: _____
Driver's License Number: _____ Expires: _____

Note: many positions require a safe driving record and use of personal vehicle or a company vehicle.

If you are applying for a residential or direct care type position, please answer the next questions. Are you able to perform the following tasks with or without accommodation?

Lifting (over 35 pounds) [] Yes [] No Food Preparation [] Yes [] No
Physical restraint of clients [] Yes [] No Climbing stairs [] Yes [] No
Extensive standing [] Yes [] No Cleaning [] Yes [] No

Employment History MUST be completed

List your **last four (4)** employers or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment in the Application Supplemental Information section that follows.

1. Employer:

Address:

Telephone: ()

Dates Employed:

From:

To:

Rate of Pay/Salary:

Starting Rate:

Final Rate:

2. Employer:

Address:

Telephone: ()

Dates Employed:

From:

To:

Rate of Pay/Salary:

Starting Rate:

Final Rate:

3. Employer:

Address:

Telephone: ()

Dates Employed:

From:

To:

Rate of Pay/Salary:

Starting Rate:

Final Rate:

4. Employer:

Address:

Telephone: ()

Dates Employed:

From:

To:

Rate of Pay/Salary:

Starting Rate:

Final Rate:

Education and Training

School: _____
Major: _____ Years Completed: _____ Degree/Diploma Yes No

School: _____
Major: _____ Years Completed: _____ Degree/Diploma Yes No

School: _____
Major: _____ Years Completed: _____ Degree/Diploma Yes No

Note: Official transcripts will be required for verification

Skills and Qualifications

Summarize special skills and qualification acquired from employment or other experiences that may qualify you for work with Spectrum below. Additional space is available in the Applicant's Supplemental Information section on the back page.

How did you hear about Spectrum?

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employee | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Government | <input type="checkbox"/> Private | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Internet Job Posting | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Spectrum's Website | <input type="checkbox"/> Other: _____ | |

Criminal History Disclosure

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of the following?

- | | | |
|--|------------------------------|-----------------------------|
| Assault/Battery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal Sexual Misconduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Related Offenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Abuse/Neglect and/or Dependent Abuse/Neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you awaiting sentence for a misdemeanor or a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you answered "Yes" to any of these questions, please list the nature of the offense(s), dates of convictions and place of offense(s) on the following page. Criminal convictions, misdemeanor and/or felony charges may bar employment if in a job related area. All positions require a criminal record check with the state. Failure to complete this section accurately may be grounds for termination or withdrawal of a job offer.

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Applicant's Supplemental Information
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Certification
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I certify that the information contained in this application is accurate and correct. I understand that falsification, misrepresentation or omission of information on this application, or any other pre-employment materials, may prohibit hiring or be grounds for termination. In completing and submitting this application, I understand and agree that any job offer is contingent upon (1) my ability to satisfactorily pass a physical exam, if required for the position, (2) satisfactory results of reference checks, (3) satisfactory check of my credentials. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I acknowledge that this application will remain active for no more than sixty (60) days from the date it was received. In order for this application to remain active after 60 days, I must contact the Human Resource Department. Failure to do so will result in the application becoming inactive. I understand that I may reapply at any time. Incomplete applications will not be considered.

In consideration for my employment, I agree to conform to the rules and regulations of the company, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no supervisor, administrator, or representative of the company, other than the President/CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Name (Please Print)

Applicant's Signature

Date