

OAK CREST HEALTH CARE SERVICES, INC.

EMPLOYMENT APPLICATION

Any person with a disability requiring reasonable accommodation for completing the application process should notify Oak Crest Health Care Services, Inc. as soon as possible. Oak Crest Health Care Services, Inc. is an Equal Opportunity Employer. It is policy to afford equal employment regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or any other protected characteristics. Michigan law requires that a person with a disability requiring accommodation must notify the employer, in writing, with 182 days after the need is known.

NOTE: All Oak Crest employees must successfully complete a drug screen prior to beginning work.

Date of Application: _____

PERSONAL INFORMATION

Name: _____ Home Phone: _____

Address: _____ Alternate Phone: _____

E-Mail Address: _____

Are you at least 18 years old? yes no Work Permit #: _____
(If under 18)

Have you previously applied to or been employed by Oak Crest? yes no
If yes, please indicate time frame and any information regarding a different name: _____

Do you have a spouse or any other relative employed by Oak Crest? yes no
If yes, please provide name: _____

How did you hear about Oak Crest? _____

Are you a US citizen? yes no If no, are you eligible to work in the US? yes no

Have you ever been convicted of a crime, or plead *nolo contendere*, which has not been annulled, expunged, or sealed by the court? (A "yes" answer will not automatically disqualify you). yes no
If yes, explain: _____

Are there any felony charges pending against you? yes no If yes, please explain: _____

Are you on a court-supervised probation or parole? yes no If yes, please explain: _____

Have you ever been administratively determined by a federal, state, or local government agency to have committed abuse or neglect? yes no If yes, when, where and nature of the case: _____

Have you ever been suspended or discharged from employment? yes no If yes please explain: _____

Complete only if position requires driving: Driver's License #: _____

Has your license ever been revoked or suspended? yes no. If yes, explain: _____

List any moving violations during the past 3 years: _____

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EMPLOYMENT HISTORY

We routinely contact applicant's past employers for reference checks. Would this pose any difficulty for you?

Yes No If yes, please explain: _____

Have any of your previous employers serviced persons funded through a community mental health entity?

yes no If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities you listed to determine whether you have ever had a recipients rights violation substantiated against you? yes no

Beginning with the most recent, please list all present and past employment. Use additional page if necessary.

Company Name: _____

Address: _____ Phone #: _____

Position Held: _____ Supervisor: _____

Dates of Employment: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____ Phone #: _____

Position Held: _____ Supervisor: _____

Dates of Employment: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____ Phone #: _____

Position Held: _____ Supervisor: _____

Dates of Employment: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

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PROFESSIONAL REFERENCE

Give the names of three (3) professional references from co-workers, supervisors, managers, or administrators for whom you have worked.

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Phone: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Under the Immigration and Reform Control Act of 1989, I understand that if I am hired by Oak Crest Health Care Services, Inc. I will be required to furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States.

I have read the attached job description and am able to perform these tasks with or without reasonable accommodation. (If accommodation is needed please attach a written statement indicating how you will perform the tasks described on the job description and with what accommodations.)

I also understand that because of 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 federal, state, local or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Oak Crest Health Care Services Inc. and governmental or private agencies from all claims, liabilities and damages that may result.

I consent to releasing any information relating to my job performance which is documented in my personnel file in the event that a prior employer or other organization is obligated to provide written notice to me regarding the disclosure of information to Oak Crest Health Care Services, Inc. I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I understand that, if hired, my employment is at-will. Meaning that either the employer or I may terminate the employment relationship at any time with or without notice and with or without cause. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the President of the company or his designee. I further understand and agree that if my employment terminates for any reason I will have six (6) months to bring any legal action against the Company concerning my employment and/or termination or action will be barred.

I understand that any falsification, misrepresentation or omission of fact either on the application or during the pre-hire process will be reason for (1) my not being offered employment, or (2) dismissal at any time from service if employed.

I certify that the answers given herein are true and complete to the best of my knowledge.

Applicant Signature

Date

This application will be kept on file for 12 months. You need to complete another application to be reconsidered after this date.