



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

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process. This request should be made in advance so that we can make an accommodation.

**NAME** \_\_\_\_\_ **S.S. #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_ **CELL** \_\_\_\_\_

**NAME & PHONE NUMBER IN CASE OF EMERGENCY:**

\_\_\_\_\_

Position applied for \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the position you applied for requires driving, do you currently have a valid driver's license?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**DRIVER'S LICENSE #** \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ 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 adult foster care for 24 hours a day, 7 days a week, and 52 weeks a year. 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

(**Note:** Affirmative answers to this question may not automatically preclude you from consideration for employment.)

If yes, please explain.

\_\_\_\_\_

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\_\_\_\_\_

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Have you ever been administratively determined by a federal, state or local governmentally agency to have committed abuse or neglect? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when, where, and nature of case.

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Are you on a court-supervised probation or parole? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

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Have charges ever been substantiated against you in a Department of Commerce/ Department of Consumer and Industry Services of Department of Social Services/Family Independence Agency adult foster care licensing investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain. (Attach additional pages if necessary.)

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Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

- Department of Commerce/Department of Consumer Industry Services \_\_\_ Yes \_\_\_ No
- Department of Social Services/Family Independence Agency \_\_\_ Yes \_\_\_ No
- A local Community Mental Health Recipient Rights Office \_\_\_ Yes \_\_\_ No
- Any other recipient rights office \_\_\_ Yes \_\_\_ No

If yes is answered to any of the above, please explain. (Attach additional pages if necessary.)

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Have you ever been employed by this organization before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give dates employed and indicate if employed under a different name:

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Please indicate the names of any relatives already employed by this employer:

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**EXPERIENCE**

List most recent employer first:

EMPLOYER	ADDRESS	JOB TITLE	DATES	REASON LEFT

I hereby give my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Kadima and the above 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 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 the Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community Health, and local Community Mental Health agencies, or other governmental or private agencies or all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Kadima, the Department of Commerce, Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various government or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

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, and hereby release my prior employers from all claims, liability, and damages that may result from furnishing the information to you.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**EMPLOYMENT AGREEMENT** In consideration of my employment, I agree to conform to the rules and regulations of Kadima. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Kadima or myself. I agree that no one other than the executive director has any authority to enter into any agreement or contract for any specified period or to make any agreement contrary to the foregoing. I further agree that no one other than the Kadima supervisor has any authority to make any changes to this Employment Agreement unless in writing and signed by the Kadima supervisor and me.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMPLOYER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EDUCATION**

High School Attended \_\_\_\_\_

City/State \_\_\_\_\_ Graduate \_\_\_\_\_ GED \_\_\_\_\_

**ADDITIONAL EDUCATION**

School/Address	Degree	Major	GPA
_____			
_____			
_____			
_____			

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE NO.
_____		
_____		
_____		
_____		

**PROFESSIONAL REFERENCES**

NAME	ADDRESS	PHONE NO.
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_____		
_____		
_____		



**Kadima Applicant Consent, Disclosure and Release Form**  
Kadima, 15999 W. 12 Mile Road, 2<sup>nd</sup> Floor, Southfield, MI 48076

**Section I. Consent to the Obtainment of State Police Records**

I have been advised of Kadima's statutory obligation to conduct a State of Michigan police record check on me pursuant to Public Act 59 of 2004. I have received a good faith conditional offer of employment and I consent to this record. I also agree to sign any other forms and releases necessary to process this background check.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section II. Denial of Existence of Criminal History as Required by Public Act 59 of 2004**

I have been advised by Kadima that it is necessary to conditionally employ or independently contract with me prior to receiving all of the results of the criminal history background investigation required by Public Act 50 of 2004. Accordingly, I make the following representations:

1. I consent to the obtainment of all state and national criminal records that the Employer must pursue.
2. I agree to provide two sets of fingerprints if required by Public Act 59 of 2004.
3. I acknowledge that I have received a good faith conditional offer of employment or independent contract.
4. I swear under penalty of law that I have not been convicted of a felony in the 15 years immediately preceding the date of application for employment or the date of the execution of contract.
5. I swear under penalty of law that I have not been convicted of a misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in Section 145m of the Michigan Penal Code, or a state or federal crime that is substantially similar to the type of misdemeanor identified above within the 10 years immediately preceding the date of application for employment or the date of the execution of the contract.
6. I agree that if the information in the criminal history investigation conducted under Public Act 59 of 2004 does not confirm my representations, my employment, or contract will be terminated unless and until I can prove that the criminal history information is incorrect.
7. I understand the conditions set forth in Public Act 59 of 2004 that result in my termination and agree that these conditions are in fact good cause for termination.
8. I am aware that the provision of false information regarding my prior criminal history is a crime punishable by fines and/or imprisonment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section III.**

**Residency Disclosure Statement for Homes Licensed for Six or Less Residents**

I have been advised of Kadima's statutory obligation to determine whether I have been a resident of the State of Michigan for three or more years preceding the good faith offer of employment or independent contract. Accordingly, I disclose the following:

- I swear under penalty of law I have been a resident of the State of Michigan for three years or more preceding the good faith offer of employment or independent contract.
- I swear under penalty of law I have been a resident of the State of Michigan for less than three years preceding the good faith offer of employment or independent contract. I have been a resident of the following states during the past five years and consent to the obtainment of my state criminal history records in these states:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If more than five, insert on reverse side.)

I further agree to sign and date any and all other forms and applications required by the appropriate agency representing the states listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section IV. Agreement to Notify Employer of Arrest or Conviction**

Pursuant to Public Act 59 of 2004 I agree that as a condition of employment, I will immediately report to my supervisor, any arrest for or conviction of one or more of the criminal offenses listed below:

Felony Convictions – Individuals who have been convicted of a felony or an attempt or conspiracy to commit a felony within 15 years immediately preceding the date of application for employment (or the date of execution of the independent contract) may not be considered for employment or contract to regularly provide direct services to Kadima residents.

Misdemeanor Convictions – The law also prohibits Kadima from employing or independently contracting with individuals who have been convicted of a misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in Section 145m of the Michigan Penal Code or a state or federal crime that is substantial similar to the type of misdemeanor identified above within the 10 years immediately preceding the date of application for employment or the date of execution of the contract.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V. Consent to Release Records**

- I have not had my criminal records obtained in the last 24 months by a qualified employer.
- I have had my State Police criminal history records obtained by my former qualifying employer in the last 24 months and pursuant to Public Act 59 of 2004, I hereby authorize \_\_\_\_\_ (name of holder of record, i.e. former employer) to release the State Police criminal history records that you obtained regarding me within the last 24 months. I request that you send them directly to Kadima (15999 W. 12 Mile Road, 2<sup>nd</sup> Floor, Southfield, MI 48076) and release you from any and all liability for the content of these records.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 1/07