

Origami Brain Injury Rehabilitation Center
3181 Sandhill Road, Mason Michigan 48854
Phone: 517-336-6060 Fax: 517-336-6050
Attn: Human Resource Manager

UNIVERSITY REHABILITATION ALLIANCE, INC.

APPLICATION FOR EMPLOYMENT

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, sexual preference, age, weight, height, color or handicap in the hiring, promotion, payment or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

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

NAME: _____ E-mail address: _____

ADDRESS: _____ City: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Position Applied for: _____

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

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, 52 weeks a year. Working any shift and overtime hours may be expected for continued employment. Are you able to meet this requirement? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No (NOTE: Answering yes to this question may not automatically preclude you from consideration for employment)

If yes, please explain: _____

Have you ever been administratively 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 a court-supervised probation or parole? _____ Yes _____ No

If yes, please explain: _____

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

Dept. of Commerce/Dept. of Consumer & Industry Services _____ Yes _____ No

Dept. 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) _____

Have you ever been employed by this organization before? _____ Yes _____ No

If yes, give dates employed and indicate if employed under a different name: _____

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

EDUCATION

High school attended: _____

City and State _____ Graduate _____ or GED _____

ADDITIONAL EDUCATION

SCHOOL AND ADDRESS

DEGREE

MAJOR G.P.A.

PERSONAL REFERENCES

NAME

ADDRESS

PHONE NUMBER

PROFESSIONAL REFERENCES

NAME

ADDRESS

PHONE NUMBER

EXPERIENCE

List most recent employer first:

EMPLOYER	ADDRESS	JOB TITLE	DATES	REASON LEFT

I hereby give University Rehabilitation Alliance my permission to contact the above employers, references and educational institutions to verify the items I listed above. Additionally, I understand that my driving record and criminal history will be verified through external agencies and may be checked at any time during my employment. I hereby release University Rehabilitation Alliance, Inc. 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 that 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 Health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release University Rehabilitation Alliance, Inc., the Department of Commerce, Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various governmental 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.

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, unless employment begins, in which case it will be kept in accordance with legal documentation standards. If no employment is obtained, you need to complete another application to be reconsidered after this date.

Origami is an At-Will Employer: In the event applicant is hired, consideration of employer entering into the agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to the agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

VOLUNTARY PRE-EMPLOYMENT INFORMATION FORM

Date: _____

Name: _____

Position Applied for: _____

RACE / ETHNIC GROUP:

Hispanic / Latino? (If yes, check box and skip to Gender. Others use the race categories below:)

White

Black

Asian

American Indian / Alaska Native

Hawaiian / Pacific Islander

Two or More Races

GENDER: Male: Female:

Signature: _____

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.