



Application for Employment

(Please print)

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: _____ Cell Phone: _____

Are you at least 18 years old? Yes No

Have you filed an application here before? Yes No If yes, give dates: _____

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 to begin 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

If Yes, how will this affect your availability for work? _____

List work location preferences/limitations: _____

Do you have restrictions on the hours you can work? 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 Driving Yes No

Extensive standing Yes No Climbing stairs Yes No

Cleaning Yes No

Employment History

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

1	Employer:	Telephone:	Dates Employed	
	Address:		Hourly Rates/Salary	
			Starting:	Final:
Job Title:		Supervisor:		
Work performed:				
Reason for leaving:				
2	Employer:	Telephone:	Dates Employed	
	Address:		Hourly Rates/Salary	
			Starting:	Final:
Job Title:		Supervisor:		
Work performed:				
Reason for Leaving:				
3	Employer:	Telephone:	Dates Employed	
	Address:		Hourly Rates/Salary	
			Starting:	Final:
Job Title:		Supervisor:		
Work performed:				
Reason for Leaving:				
4	Employer:	Telephone:	Dates Employed	
	Address:		Hourly Rate/Salary	
			Starting:	Final:
Job Title:		Supervisor:		
Work performed:				
Reason for Leaving:				

Education and Training

School

Major

Years Completed

Degree/Diploma Obtained?

Yes No

Yes No

Yes No

Note: Official documents and transcripts will be required for verification.

Have you received training through the Michigan Department of Consumer & Industry Services, or Community Mental Health? Yes No. If yes, please explain: _____

Skills and Qualifications

Summarize special skills and qualifications 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?

Advertisement

Employee

Relative/Friend

Walk-in

Government

Private

Employment Agency

Spectrum's Web-Site

Job Fair

Internet Job Posting

Other:

Criminal History Disclosure

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

Have you ever been convicted of any of the following:

Assault/Battery Yes No

Criminal Sexual Misconduct Yes No

Drug Related Offenses Yes No

Child Abuse/Neglect and or Dependent Abuse/Neglect Yes No

Are you awaiting sentence for a misdemeanor or a felony? Yes 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.



PERSONAL REFERENCE

 Applicant Name (PLEASE PRINT)

 Reference Name

 Telephone

 Address

 City/State

 Zip

 How long have you known applicant

 Relationship to applicant

AUTHORIZATION

I authorize you to furnish Spectrum with information concerning my previous employment record, job performance and character, and I release you from liability for providing this information.

 Signature of Applicant

 Date

	Excellent	Good	Fair	Poor	Don't Know	Comments
Reliability/Responsibility						
Honesty						
Following through on commitments and projects						
Ability to respond to stressful situations						
Punctuality						
Ability to interact with people						
Ability to interact with children						
Does the applicant look for challenges						

ADDITIONAL COMMENTS:

 Signature of reference

 Date

Recorder of reference by telephone: _____

Date: _____

*Information given by applicant verified? Yes ____ No ____



WORK/PROFESSIONAL REFERENCE

Applicant Name (PLEASE PRINT)

Agency/Company Name

Telephone

Agency/Company Address

City/State

Zip

Date if Hire*

Date if Resignation*

Reference Name

Position

AUTHORIZATION

I authorize you to furnish Spectrum with information concerning my previous employment record, job performance and character, and I release you from liability for providing this information.

Signature of Applicant

Date

	Excellent	Good	Fair	Poor	Don't Know	Comments
Skills in working with people						
Skills in supervising people						
Judgment in decision making						
Honesty/Integrity						
Ability to accept supervision						
Technical skill						
Attendance/Punctuality						
Quality of Work						
Initiative						
Professional Demeanor						
Care of Equipment						
Ability to perform job duties						
Work with multiple priorities						
Ability to meet deadlines						
Assessment of good moral character						

COMMENTS:

Position held by Applicant: _____ Relationship to Applicant: _____

Would you rehire Yes ___ No ___ If no, give reason: _____

Signature of Reference

Date

Recorder of reference by telephone: _____

Date: _____

*Information given by applicant verified? Yes ___ No ___



SPECTRUM HUMAN SERVICES
& AFFILIATED COMPANIES

**NOTIFICATION & CONSENT OF PRE-EMPLOYMENT
DRUG & ALCOHOL TESTING**

It is the policy of **Spectrum Human Services, Inc.**, and its affiliated companies, to maintain a safe, healthy and productive work environment for all of its employees; to provide quality services for its consumers in a manner which ensures integrity and security of its facilities and property; and to perform all of these functions in a fashion consistent with the interests and concerns of the communities in which it operates.

Pursuant to these goals, **Spectrum Human Services, Inc.** and its affiliated companies, requires candidates for employment to pass a drug/alcohol screening test which encompasses both illegal substances and legal substances subject to abuse.

Each candidate for employment must sign a Consent & Release statement and submit a urine and/or blood specimen at an appropriate medical facility selected by Spectrum. Refusal to comply with this requirement will result in the candidate's disqualification for further employment consideration.

CONSENT & RELEASE

I UNDERSTAND that, according to the Spectrum Human Services, Inc. policy, I am required to submit a sample of my urine and/or blood for chemical analysis. I understand that a qualified testing laboratory will conduct the analysis. An affirmative test result will disqualify me for employment with Spectrum Human Services or any of its affiliated companies.

The purpose of this analysis is to determine the absence or presence of drugs or alcohol.

I CONSENT freely and voluntarily to Spectrum's request for drug & alcohol testing. I hereby release and hold harmless Spectrum and its employees and agents from any liability whatsoever arising either from this request to furnish my specimens and/or the testing of my specimens.

I UNDERSTAND that a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process. The laboratory selected to collect and test the specimen will notify **Spectrum** of the results.

Applicant signature

Date

Position

Social Security Number

Witness signature

Date

Position



SPECTRUM HUMAN SERVICES
& AFFILIATED COMPANIES

CRIMINAL HISTORY FILE SEARCH AUTHORIZATION

As a prospective employee/volunteer of **Spectrum Human Services, Inc.** and its affiliated companies, I understand that it is company policy to secure conviction criminal history information as part of the pre-employment screening process using the information provided below:

NAME: _____
Last First Middle

BIRTHDATE: _____ RACE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____

DRIVER's LICENSE NUMBER: _____

MAIDEN NAME/NAMES PREVIOUSLY USED: _____

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan requires the information requested above. I authorize **SPECTRUM HUMAN SERVICES, INC.**, and its affiliated companies, to utilize this information for the sole purpose of obtaining a CONVICTION ONLY criminal history file search.

Signature of applicant/volunteer

Date

Program

Date Submitted

Date Received



AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

I hereby authorize you to release the following information to Spectrum Human Services, Inc., for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and the disclosure requirements under the Fair Credit Reporting Act for employment purposes. You are released from any and all liability that may result from furnishing such information.

(Employee/Applicant's Signature)

(Date)

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, P.L. 91-508, SPECTRUM hereby certifies that the information requested below will be used for "permissible purposes" as defined in the Act, and that the information requested below will be used for no other purpose.
2. SPECTRUM further certifies that if the applicant named below is denied employment based upon the information received, SPECTRUM will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Employee/Applicant

Date

Employer Representative

Date