

Application for Employment

THIS EMPLOYER IS 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, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

If you need assistance with completing this form please inform the receptionist.

PLEASE PRINT

Position(s) applied for: _____ Date: _____

Name: _____

Last

First

Middle

Address: _____

Number & Street

City

State/Zip

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Pager #: _____

We will contact you for an interview. Indicate what phone number(s) you wish to be reached at:

Home Work Cell Phone Pager Other _____

- You must be 18 years old to work at I.M.P.A.C.T. Are you eighteen (18) years of age or older? YES NO
- There is a job description included with this application please read it carefully before answering this question. Can you perform the duties of the job for which you are applying? YES NO
- Have you ever been employed here before under your current or a different name? Please provide the other names used. YES NO
- Will you undergo a pre-employment physical, drug screening test and tuberculosis test?> YES NO
- Will you undergo a FBI fingerprint back ground and criminal records check? YES NO
- Are there any misdemeanor/felony charges pending against you? YES NO If YES, please explain: _____
- Have you been convicted of a crime in the last 15 years? YES NO 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: _____
- Have you ever been employed to take personal care of a person with a disability YES NO If yes, where and when did you receive your training? _____

Type of Employment Desired: Full-Time (40 Hours with Benefits) Part-Time (under 40 hours without benefits)

What shifts are you willing to work: Days (ex: 7:00am-3:00pm) Afternoons (ex: 3:00pm-11:00pm) Midnights (ex: 11:00pm-7:00am)

Date available to start work: _____ Do you have reliable transportation? YES NO

Please mark all locations at which you are **willing** to work:

Port Huron Marysville St. Clair East China Twp. Smiths Creek Columbus Twp.

DRIVING RECORD INFORMATION

- List and describe all accidents, alcohol/drug related and moving traffic violations in the past three (3) years:

	Date
	Date
	Date
	Date

I give I.M.P.A.C.T. my permission to investigate all employers, references and educational institutions to verify the items I have listed above and to secure additional information about me, if job related. I hereby release this agency and the above referenced organizations, references 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 also understand that because of the nature of this job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Family Independence Agency, Department of Community Health, and Community Mental Health agencies.

SIGNATURE

DATE

I understand and agree that:

- I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. This is an application for employment and not an employment contract. This application is current for 365 days.
- I understand and agree that the nature of the employment contract is "AT WILL". This means that at the sole discretion of either the employer or the employee, the relationship may be terminated.
- I understand and agree that *nothing* in this application, any work agreement, evaluation, or the personnel Policy and Procedure Manual operates to change the status of the employee from "AT WILL" to any other status.
- I understand and agree that the long-standing "AT WILL" policy of this agency supersedes and nullifies any prior agreements, legitimate expectations, or situation "instinct with an obligation".

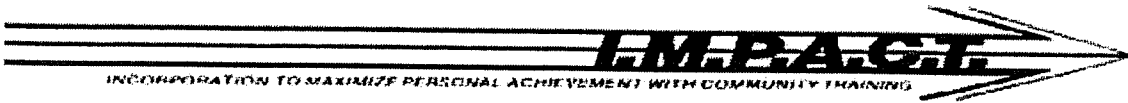
SIGNATURE

DATE

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying IMPACT in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify IMPACT will preclude any claim that the employer failed to accommodate the handicapper.

SIGNATURE

DATE



Dear Applicant for Employment:

PLEASE READ THIS LETTER BEFORE FILLING OUT THIS APPLICATION!!

I.M.P.A.C.T. manages homes for the developmentally disabled. Each home is licensed by the State of Michigan. The State of Michigan has rules that I.M.P.A.C.T. must follow in hiring direct care staff for each of our homes.

YOU MUST BE EIGHTEEN (18) YEARS OF AGE TO WORK FOR I.M.P.A.C.T.

The law prohibits adult foster care licensees from employing or independently contracting with individuals who have been convicted of certain types of crimes within certain time periods before the completion of an application for employment or contract.

Felony Convictions (lifetime ban): Persons who have been convicted of a lifetime felony involving patient abuse, health care fraud, as well as any crimes related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance as defined under 42 USC 1320a-7 will be banned from employment with I.M.P.A.C.T.

Felony Convictions: Persons who have been convicted of a felony or an attempt or conspiracy to commit a felony will be banned from employment for 15 years from the end of the 15 year sentence as defined under 42 USC 1320a-7 and Chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.

Misdemeanor Convictions: Persons who have been convicted of a misdemeanor involving the use of a firearm or dangerous weapon, use of force or violence or threat, cruelty or torture, or abuse, neglect, assault, batter, or criminal sexual conduct, etc. as described under 42 USC 1320a-7 and Chapter XXA of the Michigan Penal Code 1931 PA 328, MCL 750.145m to 750.145r or part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461 or Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16b and 42 USC 1395i-3 or 1396r will be banned from employment for 10 years immediately preceding the date of application for employment.

Offenses in Violation of the Good Moral Character Rule: Persons with criminal histories that show offenses that show a lack of good moral character as defined in the longstanding Good Moral Character Rule are also prohibited from employment to regularly provide direct services to residents.

I.M.P.A.C.T. employees must be able to transport consumers in agency owned vehicles. In order to transport consumers the agency requires that an applicant cannot have more than (3) three moving violations in the last (3) three years, cannot have alcohol related accident(s) or moving violation(s), and **MUST** have an unrestricted drivers license. **A motor vehicle records check is done on every applicant considered for an interview.**

If you are unable to comply with any of the above, we thank you for your interest and for considering I.M.P.A.C.T. but we will not be able to consider you for employment.

Sincerely,

Human Resource Manager

**Application for Conditional Employment/Independent Contract/Clinical Privileges (HFA Only)
Pending Criminal History and FBI Fingerprinting Background Checks**

(This form has been approved by the Department of Health Services for use by a home for the aged or an adult foster care home when it is determines it is necessary to employ or independently contract with, or for HFA only grant clinical privileges to an individual, who provides direct services to residents, before receiving the results of the applicant's criminal history check and FBI fingerprinting background check as described under 42 USC 1320a-7, and chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r, and part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461, and section 16b of Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16b, and in accordance with 42 USC 1395i-3 or 1396r. A home for the aged or an adult foster care home may use this model form or create its own form that meets the minimum statutory requirements.

Applicant Statement Regarding Criminal History

1. Name of Facility: I.M.P.A.C.T.

2. Name of Applicant: _____

3. Application for (Check One):
 Employment
 Independent Contractor
 Granted Clinical Privileges (HFA only)

4. Statement Regarding Criminal History

I hereby state that I have not been convicted of any of the following:

- a. **Felony Convictions (lifetime ban):** A lifetime felony involving patient abuse, health care fraud, as well as any crimes related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance as defined under 42 USC 1320a-7.

- b. **Felony Convictions:** Conviction of a 15 year felony or an attempt or conspiracy to commit a felony before the end of the 15 year sentence as defined under 42 USC 1320a-7 and Chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.

- c. **Misdemeanor Convictions:** Convicted of a misdemeanor involving the use of a firearm or dangerous weapon, use of force or violence or threat, cruelty or torture, or abuse, neglect, assault, batter, or criminal sexual conduct, etc. as described under 42 USC 1320a-7 and Chapter XXA of the Michigan Penal Code 1931 PA 328, MCL 750.145m to 750.145r¹ or part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461 or Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16b and 42 USC 1395i-3 or 1396r; within the 10 years immediately preceding the date of this application for employment, independent contract, or clinical privileges (HFA only).

¹ MCL Section 750.145m defines "vulnerable adult" as 1 or more of the following: (i) An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision or personal care or lacks the personal and social skills required to live independently; or (ii) A person 18 years of age or older or a person who is placed in an adult foster care family home or an adult foster care small group home; or (iii) A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.

5. Understandings and Agreements

In consideration of this conditional employment, I hereby understand and agree that, if the criminal history or FBI fingerprinting background check conducted under Public Health Code Section 20173(1) of the Public Health Code or sec 34a(1) of the Adult Foster Care Facility Licensing Act and Public Act 29 of 2006 does not confirm these statements, my employment, independent contract, or clinical privileges (HFA only) will be terminated by the facility as required by Section 20173(1) of the Public Health Code or sec 34a(1) of the Adult Foster Care Facility Licensing Act and Public Act 29 of 2006. If I can prove that the information is incorrect I realize that I can re-apply for employment at this facility with proof of exoneration.

I also understand and agree that failure to meet any conditions described in subparagraphs 4(a) and 4(b) of this statement may result in the termination of my employment, independent contract, or clinical privileges (HFA only), and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions on this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00 or both. (PA 29 2006)

Name of Applicant (Print or Type)

Signature of Applicant

Date

Appendix A to Part 601

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights

Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

• **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's, creditors and others not listed below

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A. appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

CONDITIONAL JOB OFFER

In accordance with Agency policy, I.M.P.A.C.T. is making a conditional job offer to _____ for the position of _____.

The offer of employment is conditioned upon the successful completion of the following:

- a. Medical Examination
- b. Drug Screening/Testing
- c. Tuberculosis Test
- d. Criminal Record Check
- e. FBI Fingerprinting background check
- f. Driving Record Check
- g. Supervisor's Interview
- h. Verification of References

If the medical examination is not completed within five days, then this conditional offer of employment shall be withdrawn. If the FBI fingerprinting is not completed within 14 days, then this conditional offer of employment shall be withdrawn.

Provisions of the Americans with Disabilities Act:

1. Such medical examination will be conducted at a medical facility selected by I.M.P.A.C.T. and will be paid directly by I.M.P.A.C.T.
2. Any information gathered from this medical evaluation will be kept confidential and disclosed only as lawfully permitted, and maintained separate from your personnel files.
3. The medical examination will be related to the essential functions of the job for which you have applied and this conditional job offer.
4. If your medical condition warrants, we may ask you to apply to become certified as vocationally rehabilitated under Chapter 9 of the Michigan Workers' Compensation Act.
5. I.M.P.A.C.T. is an equal opportunity employer and it will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, or handicap in the hiring of employees.

***THIS CONDITIONAL JOB OFFER DOES NOT ALTER IN ANY WAY
THE AT-WILL STATUS OF EMPLOYMENT.***

Executive Director

Date

I acknowledge receipt of this Conditional Job Offer prior to employment:

Employee Signature

Date

**WRITTEN AUTHORIZATION TO OBTAIN
CONSUMER REPORT**

I, _____, hereby authorize you to release the
(Employee/Applicant Name)
following information to I.M.P.A.C.T. for the 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 Signature

Date

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

Employee/Applicant Signature

Date

Employer Representative

Date

NOTICE OF INTENT TO OBTAIN CONSUMER REPORT

Pursuant to the Fair Credit Reporting Act, we are providing this notice that a consumer report, in the form of a driving record check, will be obtained by IMPACT for employment purposes. Attached is a summary of the Fair Credit Reporting Act (FCRA).

To acknowledge receipt of this notice and a summary of the federal law, please sign and date this employer record.

Additionally, in order to comply with Michigan House Bill 4453, we are providing this notice that a consumer report in the form of a criminal record check will be obtained by IMPACT for employment purposes.

Print Name: _____
(Applicant)

Signature: _____
(Applicant)

Date: _____

RELEASE OF INFORMATION

I consent that I.M.P.A.C.T. may conduct a criminal history check on me that includes the review and obtainment of Michigan State Police records, fingerprints and an FBI background check. This consent has been granted pursuant to my receipt of a good faith offer of employment or contract. I also agree to provide personal identification acceptable to the Michigan State Police.

My address is _____

My Driver's License Number is _____

My Driver's License is from the state of _____

My Social Security Number is _____

My Date of Birth is _____ Sex _____ Race _____

Employer agrees to use the information from the Department of State Police to verify information on my application for employment, statements I have made in regard to my employment and for any determination as to my good moral character.

Date: _____ Signature _____