

FALCO CORPORATION
5228 Lovers Lane, Suite 101, Portage, MI 49002

APPLICATION FOR EMPLOYMENT
(must be completed even if attaching a personal resume)

TODAY'S DATE _____

EQUAL OPPORTUNITY EMPLOYMENT

Falco Corporation 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 are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PLEASE PRINT **Are you 18 years old or older? Y or N**
PERSONAL DATA:

NAME _____ (Telephone number) _____

ADDRESS _____
(physical address city county state zip)

MAILING ADDRESS _____
(mailing address if different from above city county state zip)

Have you been a resident of Michigan for 3 or more years? Yes No

If no, previous address _____
City State Zip

SOCIAL SECURITY NUMBER _____ MICHIGAN DRIVERS LICENSE NO. OR ID NO. _____

Type of Position applying for _____

Shift Preference (circle choices) 1st 2nd 3rd

Type of employment (check appropriate boxes) Full Time Part Time

Can you perform the duties of the job for which you are applying with or without accommodation? Yes No

If no, please explain: _____

Do you have any relatives or a spouse employed by this organization? Yes No

If yes, please provide names: _____

Name and address of a person to be notified in case of an emergency: _____

Phone (____) _____ Alternate Phone (____) _____

How were you referred to us? (check appropriate boxes) _____ Advertisement _____ Employee/Name
_____ Walk-in _____ Other

Do you have the legal right to work in the United States? _____ Yes _____ No

Have you ever been convicted of a crime (felony or misdemeanor)? _____ Yes _____ No
(Answering "yes" to this inquiry will not automatically disqualify you)

If yes, please explain _____

Are there any pending felony charges against you? _____ Yes _____ No
(Answering "yes" to this inquiry will not automatically disqualify you)

If yes, please explain _____

Have you ever had charges substantiated against you for abuse, neglect or violation of resident's rights _____ Yes _____ No

If yes, please explain _____

Have you ever been found guilty of a violation of professional ethics/codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country? _____ Yes _____ No

If yes, please explain _____

EDUCATION/TRAINING:

List Below your education background, including High School, College, Trade and Military Service School
High School/Trade School

| School | Location (city, state) | Major | Graduated | Degree |
|--------|------------------------|-------|-----------|--------|
|--------|------------------------|-------|-----------|--------|

College/Trade School

| School | Location (city, state) | Major | Graduated | Degree |
|--------|------------------------|-------|-----------|--------|
|--------|------------------------|-------|-----------|--------|

Vocational and/or Professional Information (i.e.: seminars, job related hobbies, volunteer work)

EMPLOYMENT HISTORY:

Please list your job history for the past seven years in chronological order (including military service). You may attach a resume, but complete this APPLICATION as well. (Applicant may include in such history any verified work performed on a volunteer basis)

1.

| Company Name (most recent or present employer) | Telephone | Date of Employment |
|--|-----------|--------------------|
|--|-----------|--------------------|

| Address (street, City, State & Zip) | Starting Hourly Rate/Yearly Salary |
|-------------------------------------|------------------------------------|
|-------------------------------------|------------------------------------|

| Your Job Title | Supervisor's name/Title | Ending Hourly Rate/Yearly Salary |
|----------------|-------------------------|----------------------------------|
|----------------|-------------------------|----------------------------------|

Reason you left or are considering leaving

May we contact your present employer? Yes No
If "no", may we contact upon your acceptance of our employment offer? Yes No

List your duties

2.

Company Name (most recent or present employer) Telephone Date of Employment

Address (street, City, State & Zip) Starting Hourly Rate/Yearly Salary

Your Job Title Supervisor's name/Title Ending Hourly Rate/Yearly Salary

Reason you left or are considering leaving

May we contact this employer? Yes No
If "no", may we contact upon your acceptance of our employment offer? Yes No

List your duties

3.

Company Name (most recent or present employer) Telephone Date of Employment

Address (street, City, State & Zip) Starting Hourly Rate/Yearly Salary

Your Job Title Supervisor's name/Title Ending Hourly Rate/Yearly Salary

Reason you left or are considering leaving

May we contact this employer? Yes No
If "no", may we contact upon your acceptance of our employment offer? Yes No

List your duties

Have you any of your previous employers served persons funded through a community mental health (CMH) entity?
 Yes No If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? Yes No

REFERENCES:

Please list three persons best qualified to comment on your related experience and/or educational background (please do not include relatives)

| | |
|---------|--------------------|
| Name | Title/Relationship |
| Address | Contact number |
| Name | Title/Relationship |
| Address | Contact number |
| Name | Title/Relationship |
| Address | Contact number |

If your work or school records are listed under other names, please specify:

I certify that the information provided in this Application is true, complete and correct. I understand that the withholding of information or the giving of false information on the Application will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.

I hereby grant permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Falco Corporation and the above referenced organizations, referenced persons and employers from all claims, liability and damages that may result from furnishing the information to you. 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 any written notice to me regarding the disclosure of information to Falco Corporation. I hereby waive that obligation and expect no written notice of disclosure of my personal information.

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 Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Falco Corporation, the Department of Human Service, Department of Community Health, local community mental health entities and other governmental agencies 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 any prior employers from all claims, liability and damages that may result from furnishing the information to you.

In consideration of my employment, I agree to conform to the policies, rules and regulations of Falco Corporation. I further understand and agree that if I am offered employment by Falco Corporation it will be on an at-will basis. This means that either I or Falco Corporation may terminate the employment relationship at any time for any reasons, with or without cause. I further understand and agree that only Falco Corporation's President can enter into an agreement on any other terms and he/she can only do so in a writing signed by him/her and the employee in question.

I have read the above prior to signing this Application.

Printed Name

Signature

Date