

# BENZIE SENIOR RESOURCES EMPLOYMENT APPLICATION

10542 Main Street, Honor MI 49640  
Phone: 231-525-0600 Fax: 231-325-4855

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with Benzie Senior Resources. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

## PERSONAL INFORMATION

Positions(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone

Social Security No. \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Have you ever been fired? Yes or No. If yes, please explain \_\_\_\_\_

Have you ever worked under another name? Yes or No. If yes, please explain \_\_\_\_\_

Valid Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto Ins Co: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Are you a citizen of the U.S. or do you have a valid work permit? **Yes / No**

How did you hear about Benzie Senior Resources ? \_\_\_\_\_

Have you ever been given a copy of the job description for the position for which you have applied to review. **Yes / No**

Why are you interested in employment with us? \_\_\_\_\_

                    

Please circle highest grade completed:

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

***MOST RECENT EMPLOYER***

Salary	per (Hour, Week, Month)	Reason for Leaving

\$ _____	per _____	
Salary	(Hour, Week, Month)	Reason for Leaving

\$ _____	per _____	
Salary	(Hour, Week, Month)	Reason for Leaving

## **BACKGROUND**

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age? **Yes / No**

Have you had any moving traffic violations? **Yes / No** If yes, please describe: \_\_\_\_\_

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

Incident City/State Charge

1) \_\_\_\_\_

2) \_\_\_\_\_

Are you on court-supervised probation or parole? **Yes / No**

## **REFERENCES (Do not include relatives or current employees of Benzie Senior Resources)**

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H (     ) W (     )	AM / PM AM / PM		
2)	H (     ) W (     )	AM / PM AM / PM		
3)	H (     ) W (     )	AM / PM AM / PM		

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## **IMMIGRATION LAW COMPLIANCE:**

Benzie Senior Resources employs only United States Citizens and those non U.S. citizens authorized to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with Benzie Senior Resources within the past three years or if their previous I-9 is no longer retained or valid.

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## **CERTIFICATION AND RELEASE:**

I authorize Benzie Senior Resources and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release Benzie Senior Resources from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Executive Director of Benzie Senior Resources. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of Benzie

Senior Resources as they are from time to time changed, and no additional obligations can be imposed on Benzie Senior Resources except those which have been acknowledged in writing by the Executive Director of his/her designated representatives.

I also understand that due to the nature of the business, no amount of work can be guaranteed.

I agree that any action or suit against Benzie Senior Resources, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but no Federal civil rights statutes containing a separate limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against Benzie Senior Resources, in which Benzie Senior Resources prevails, I will pay to Benzie Senior Resources any and all such costs incurred by Benzie Senior Resources in defense of said claims or actions, including attorney fees.

**RESTRICTIVE COVENANT:**

I agree not to do business directly with any individual or business entity that Benzie Senior Resources has introduced to me or by entering into employment with such individuals or business.

Agree: YES / NO

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**APPLICANT SIGNATURE**

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**DATE**

# Skills Checklist

If you are willing to do any of the following, please check the box on the left, regardless of training or experience.

WILLING TO DO	HAVE YOU EVER...	NEVER (0)	FEW TIMES (1-10)	MANY TIMES (10+)
<input type="checkbox"/>	Worked in a private home as a caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Completed any health related classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cleaned a house for hire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Successfully cooked for another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Given a bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Given a bed bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dressed someone besides yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Worked with a bed pan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performed oral care for someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Changed a brief or diaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Changed bed linens with someone in it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Emptied a catheter bag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Used a Hoyer lift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Used a gait belt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Driven someone to appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Moved a person in/out of a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Worked with terminally ill client (in late stage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Assisted an individual who uses oxygen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fed another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Worked with dementia/Alzheimer's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Worked with a person who smokes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a smoker? ☐ Yes ☐ No

Do you have a reliable vehicle, if you are asked to provide transportation for a client? ☐ Yes ☐ No

Do you have a current TB test? ☐ Yes ☐ No

Have you ever worked in a health care facility? ☐ Yes ☐ No If so, how long? \_\_\_\_\_

Are you or have you ever been licensed as a CNA? ☐ Yes ☐ No

List other relevant training, certification, licensing, or qualifications, if any: \_\_\_\_\_

Could you pass a pre-hire drug test? ☐ Yes ☐ No

## **AVAILABILITY**

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

Can you work consistently and arrive to work on time? **Yes / No**

What date are you available to begin work? \_\_\_\_\_

Please complete all areas of availability:

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Shift	From:							
	To:							

## **PREFERENCES**

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care
<input type="checkbox"/>	Ostomy Care	<input type="checkbox"/>	Hospice Care	<input type="checkbox"/>	

*\*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: \_\_\_\_\_ Cats \_\_\_\_\_ Dogs

Are you willing to provide service to a client that smokes? Yes / No

## **JOB RELATED SKILLS**

Describe any training or life skills you have that apply to caring for a senior:

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Describe any work history you have that would apply to caring for a senior: \_\_\_\_\_

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What do you like (or think you would like) most about working with older adults? \_\_\_\_\_

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What do you like (or think you would like) least about working with older adults? \_\_\_\_\_

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What personal rewards do you get from working with seniors? \_\_\_\_\_

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## **Benzie Senior Resources Contact for Background Check**

I, \_\_\_\_\_ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- Michigan Public Sex Offender Registry (PSOR)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job role considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the **Benzie Senior Resources**. I further hereby hold harmless agency and/or its representatives from any actions which may be taken upon receipt of this information.

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

Signature \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**(Please Print Legibly)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ Expiration Date \_\_\_\_\_ or

Michigan ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number # (required) \_\_\_\_\_

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**Please check here if you would like a copy of your background results emailed to you**