



**BENZIE SENIOR RESOURCES EMPLOYMENT APPLICATION**

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

**INSTRUCTIONS**

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The Benzie Senior Resources reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. This application will remain active for ninety (90) days.

If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer all questions, even those which relate to information on your resume. Please be sure that all your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, or otherwise, may result in dismissal even if you are employed. Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

As required by law, the Benzie Senior Resources does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship, disability, sex, pregnancy, age, height, weight, genetic information, veteran status, marital status or any other protected class status under applicable law.

*Please Print Clearly*

**Name & Contact Information** (Information as it appears on your Social Security Card)

Today's Date: \_\_\_\_\_

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you 18 years or older? Yes  No

In case of emergency, notify: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

## Employment Request

Position applying for: \_\_\_\_\_ Full Time  Part time

If part time, specify days and hours: \_\_\_\_\_

Salary Requirements \_\_\_\_\_ per hour/per week/per annum (circle one)

How did you learn of our position opening? \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you applied with us previously? Yes  No  If yes, specify: \_\_\_\_\_

List anyone you know who works for us: \_\_\_\_\_

Did you receive a job description? Yes  No  Are you able to do the essential function for the job(s) for which you are applying? Yes  No  If no, please identify the applicable functions: \_\_\_\_\_

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

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## Education

	Name of School	City & State	Course or Major		Degree
High School				Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	
				Number of Years Completed (Circle): 1 2 3 4	
Other – Give Type				Number of Years Completed (Circle): 1 2 3 4	

Vocational or technical courses studied: \_\_\_\_\_

Business or secretarial courses studied: \_\_\_\_\_

List any computer and equipment and other office equipment you can operate proficiently: \_\_\_\_\_

List any special certification, skills, knowledge, or experience which you feel may be relevant to the job you are seeking: \_\_\_\_\_

**Employment Experience**

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

**MOST RECENT EMPLOYER**

Are you currently working for this employer? Yes  No  If yes, may we contact? Yes  No

\_\_\_\_\_  
Company Name City State (\_\_\_\_\_) Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title Supervisor's Name

Hourly Rate/Salary Start: \_\_\_\_\_ Hourly Rate/Salary Final: \_\_\_\_\_

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason for Leaving

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State (\_\_\_\_\_) Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title Supervisor's Name

Hourly Rate/Salary Start: \_\_\_\_\_ Hourly Rate/Salary Final: \_\_\_\_\_

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason for Leaving

**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State (\_\_\_\_\_) Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title Supervisor's Name

Hourly Rate/Salary Start: \_\_\_\_\_ Hourly Rate/Salary Final: \_\_\_\_\_

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason for Leaving

**If you need additional space, attach a separate sheet of paper**

Are you currently on "layoff" status and subject to recall? Yes  No

If you are now employed, why do you want to change your job? \_\_\_\_\_

### **Military Service Record**

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes  No

If yes, what branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Are you in the reserves? Yes  No  If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

### **Background Information/Personal Information**

Have you ever convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea)

Yes  No

If yes, explain: \_\_\_\_\_

Are you currently under indictment or charged with a felony? Yes  No

If yes, explain in detail: \_\_\_\_\_

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

Has your privilege to operate a motor vehicle ever been denied, suspended or revoked? Yes  No

If yes, explain in detail: \_\_\_\_\_

Have you ever had an application or surety bond refused? Yes  No

Have you ever been denied a license or certification? Yes  No

If yes, explain in detail: \_\_\_\_\_

Have you ever had any license or certification placed under investigation, suspended, revoked, or have you otherwise been disciplined or put under probation related to licensing or certification? Yes

If yes, explain in detail: \_\_\_\_\_

### **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		

**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 or other controlled substances prior to and during employment.

I understand and agree that if I am hired, employment is "at will" and 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

My signature below indicates that I have read the above and my answers are true and complete to the best of my knowledge.

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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 number 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 \_\_\_\_\_ Weekday

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>
Shift	From:					
	To:					

## **PREFERENCES**

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

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

***\*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? \_\_\_\_\_



## 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) AND National Sex Offender Registry

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) \_\_\_\_\_

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