

**SHELTER OF FLINT, INC.**

**EMPLOYMENT APPLICATION**

*Please complete ALL sections*

**Applicant Information:**

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Years of related experience: \_\_\_\_\_

If hired, date available to start: \_\_\_\_\_

**Personal Information:**

Have you ever applied/worked for this agency before?    Yes    No  
If yes, please explain (include date): \_\_\_\_\_

Do you know anyone who works or has worked at our agency? Or are you related to  
anyone who works or has worked at our agency?    Yes    No  
If yes, please state name(s) and relationship: \_\_\_\_\_

Are you over the age of 18?    Yes    No

Have you ever been convicted of a misdemeanor or felony?    Yes    No If yes,  
please explain (include date): \_\_\_\_\_

Are there any pending misdemeanor or felony charges against you?    Yes    No    If  
yes, please explain (include date): \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an  
employer?    Yes    No    If yes, please explain: \_\_\_\_\_

**Education Training and Experience:**

**High School**

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate?    Yes    No

**College/University**

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?    Yes    No

Degree/diploma earned: \_\_\_\_\_

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?    Yes    No

Degree/diploma earned: \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_

Total years of service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. *(please initial)* \_\_\_\_\_

I hereby request that previous employers contacted by Shelter of Flint (hereinafter "Shelter") in connection with this application fully respond to all inquiries concerning such previous employment, and specifically waive prior written notice of disclosure of my personal record information including disciplinary reports, letters of reprimand or other disciplinary action. In consideration of the acceptance of my application, I release Shelter and previous employers of any claimed liability arising out of such response and disclosure. *(please initial)* \_\_\_\_\_

If offered employment, I hereby agree and consent to provide blood and urine specimens for alcohol and drug screening analysis. I understand and agree that Shelter may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by Shelter will be contingent upon the results of such investigation, alcohol and drug screening, and physical examination. *(please initial)* \_\_\_\_\_

I understand that if hired I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either Shelter or myself. I further understand that no supervisor or representative of Shelter, other than the CEO, has any authority to enter into any agreement contrary to the foregoing, and that such agreement must be in writing and signed by the CEO. In consideration of such employment, I agree to conform to the rules and policies of the company, including the arbitration procedure. *(please initial)* \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Candidate Business Reference Check Authorization

## References

### *Current or Previous Supervisor*

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### *Personal/Co-worker Reference*

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Shelter of Flint (the "Company") or any designated officer, employee, agent, or representative to confer with the above-named references. I understand that the Company may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Company.

I release all of the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## CRIMINAL / DRIVING RECORD CHECK

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The undersigned hereby authorizes any and all law enforcement agencies to release a copy of any *criminal record* of pleas of guilty or convictions to the Shelter of Flint, Inc.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Driver's License Number

The undersigned hereby authorizes any and all law enforcement agencies to release a copy of any driving record to the Shelter of Flint, Inc.

\_\_\_\_\_  
Signature and Date

**CONSENT AND RELEASE FOR DRUG AND ALCOHOL TESTING**

I, the undersigned, hereby consent to submit to urinalysis examination(s) for the purpose of testing for use of alcohol and illegal drugs, including but not limited to, marijuana, cocaine, opiates, amphetamines and phencyclidines, at a state approved clinic of Shelter of Flint's choice at its expense.

I consent to submit to a urinalysis examination as described above at the time of my application of employment prior to being offered employment with Shelter of Flint, Inc. I understand that if I am requested to submit to a urinalysis prior to being offered employment, I agree to do so within 48 hours after the request is made by Shelter of Flint, Inc. I understand that if I test positive or refuse to submit to a urinalysis, I may not be offered employment.

If I become employed or am currently employed with Shelter of Flint, Inc., I consent to submit to urinalysis examinations for alcohol and illegal drug testing during the course of my employment if I am requested to do so by Shelter of Flint. If I am requested to submit to such an examination during my employment, I understand that Shelter of Flint, Inc. can immediately require me to submit to the examination at the clinic of its choice. I understand that if I test positive or refuse to submit to an examination during my employment, I will be subject to discharge. I further understand that this in no way alters my at-will employment relationship with Shelter of Flint, Inc.

I understand that Shelter of Flint, Inc. has a compelling interest in maintaining a alcohol and drug free workplace because it provides services to the community. I understand that it is important that the clients who use the services of Shelter of Flint, Inc. be provided those services free from any exposure to drugs since many of the clients are at-risk.

I authorize the release of the results of my urinalysis testing requested and paid for by Shelter of Flint, Inc. to individuals at Shelter of Flint, Inc. who have a need to know said results for purposes of my prospective or current employment with Shelter of Flint, Inc.

I acknowledge that I have read the above and fully understand it.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_