

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

# Progressive Lifestyles, Inc.

## EMPLOYMENT APPLICATION

### Section I: Equal Opportunity Employer

We are 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.

### Section II: Applicant's Personal Information

NAME \_\_\_\_\_  
(Please Print)                      First                      Middle                      Last

Present address \_\_\_\_\_  
(Please print)                      Number                      Street

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
City                      State                      Zip Code

Phone: Home: \_\_\_\_\_                      Alternate/Cell: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_ (last 4 digits only please)

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

Are you 18 years of age or older?  Yes  No

Can you perform the duties of the job in which you wish to be employed, with or without accommodations?  Yes  No

If no, Please explain

\_\_\_\_\_

Have you ever been employed by this organization before?  Yes  No

If yes, give dates employed, and indicate if employed under a different name

\_\_\_\_\_

Do you have any friends or family currently employed or has ever been employed by this organization?  Yes  No

If yes, please provide names: \_\_\_\_\_

Name, address and phone number of person to be notified in case of an emergency:

\_\_\_\_\_

First Name                      Last Name

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Street Number                      Street Name                      City                      State                      Zip Code

Home Phone: \_\_\_\_\_                      Alternate Phone: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No (Answering "yes" to this inquiry will not automatically disqualify you.)  
If yes, please explain \_\_\_\_\_

Are there any **felony or misdemeanor** charges pending against you?  Yes  No (Answering "yes" to this inquiry will not automatically disqualify you.) If yes, please explain:  
\_\_\_\_\_

Are you on a *court-supervised* **probation or parole**?  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 charges ever been substantiated against you in a Department of Human Services, adult foster care licensing or Family Independence Agency investigation?  Yes  No If yes, please explain (Attach additional pages if necessary.)  
\_\_\_\_\_

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

Department of Human Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department of Social Services/Family Independence Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A local Community Mental Health Recipient Rights Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other recipient rights office	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes is answered to any of the above, please explain. (Attach additional pages if necessary.)  
\_\_\_\_\_

If the position you applied for requires driving, do you currently have a valid MI driver's license?  Yes  No

Driver's license number \_\_\_\_\_

### Section III: Availability and Interests in Work

For which position have you applied: \_\_\_\_\_

Have you received a job description for all positions applied for?  Yes  No

Are you interested in full-time or part-time work?  Full-time  Part-time

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours is expected for continued employment. Are you able to meet this requirement?  Yes  No

On what date are you available to start work? \_\_\_\_\_

**Section IV: EDUCATION**

High School \_\_\_\_\_  
Name Street City State

Did you graduate  Yes  No

College \_\_\_\_\_  
Name Street City State

Did you graduate:  Yes  No

If yes, what degree(s) or certifications did you obtain? \_\_\_\_\_

Business or Trade School \_\_\_\_\_  
Name Street City State

Did you graduate:  Yes  No

If yes, what degree(s) or certifications did you obtain? \_\_\_\_\_

Professional School \_\_\_\_\_  
Name Street City State

Did you graduate:  Yes  No

If yes, what degree(s) or certifications did you obtain? \_\_\_\_\_

**Section V: Employment History** (Please start with present or most recent employer)

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hourly Pay

Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hourly Pay

Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Employment Dates (month/year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hourly Pay

Start: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

May we contact your current supervisor or manager:  Yes  No

If no, why? \_\_\_\_\_

If yes, who should we call? \_\_\_\_\_

Name

Title

Phone

Have 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

## Section VI: References

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

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

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: \_\_\_\_\_ Company \_\_\_\_\_

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Company \_\_\_\_\_

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

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**Section VII: Professional Licenses, Certifications and Credentials**

Do you have any of the following licenses or certifications?

Certified Nurse Aid  Yes  No

If yes, please indicate your license number: \_\_\_\_\_

Nursing License  Yes  No

If yes, please indicate your license number: \_\_\_\_\_

Other job-related licenses, certifications or credentials  Yes  No

If yes, please provide detail: \_\_\_\_\_

**Section VIII: Consent**

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Progressive Lifestyles, Inc. and the above referenced organizations, reference 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 Progressive Lifestyles, Inc., 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 Progressive Lifestyles, Inc., the Department of Human Services, 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.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

I certify that all of the information provided on this application is true, complete and correct. I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Section IX: At-Will Status**

In consideration of my employment, I agree to conform to the policies, rules and regulations of Progressive Lifestyles, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Progressive Lifestyles, Inc. or myself.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.

**Reference Request**

Attention: \_\_\_\_\_ City: \_\_\_\_\_

Facility: \_\_\_\_\_ State: \_\_\_\_\_

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

You have been listed as a prior employer by the applicant named below. We place a great importance in the thorough screening of our employees and appreciate your cooperation in completing the information requested. This information will be held in the strictest confidence. Please fax back to 248 666 1536.

Sincerely,

*Progressive Lifestyles, Inc.*

Applicant: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Position held: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

***Please comment on the applicant's following attributes:***

Reliability: \_\_\_\_\_

Cooperation: \_\_\_\_\_

Attendance: \_\_\_\_\_

Work Proficiency: \_\_\_\_\_

Is the applicant eligible for rehire: \_\_\_\_\_ If no, why: \_\_\_\_\_

***Any characteristics that we should consider that would influence the assignments that we give this individual?***

\_\_\_\_\_

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

Title: \_\_\_\_\_

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*I hereby authorize investigation of all statements and the release of information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from liability for any damage that may result from furnishing of the same.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Progressive Lifestyles, Inc.

## JOB DESCRIPTION

JOB CLASSIFICATION: *Direct Care Staff*

### QUALIFICATIONS NECESSARY FOR THE POSITION:

- At least 18 years of age
- Good physical health, including negative T.B. test
- Three character references
- Valid Michigan Drivers License

If you are a person with a covered disability as defined by law, then we will make every effort to accommodate your disability. Please notify the executive director immediately.

Title of immediate supervisor(s):

- Weekend Supervisor
- Assistant Manager
- House Manager
- Program Director
- Executive Director

### BRIEF DESCRIPTION OF DUTIES:

- Assisting clients in daily self care. This may include lifting of clients, you will be in-serviced on proper techniques.
- Preparing and assisting with meals.
- Implementation of individual client programs and leisure activities.
- Documenting on proper forms, all activities pertaining to the welfare of the home or residents.
- Sanitation of the house.
- Distribute medication to residents as per procedure.
- To attend mandatory meetings and in-services.
- Transporting of clients in company van to day program, Dr. Appointments, and leisure outings.

***This job description is not inclusive of all duties that the employee will be required to perform.***

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

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

## Progressive Lifestyles, Inc. Interview Notes

**Example of Hours expected to work in the homes. The hours do change depending on which home you are placed at or when the need. This is called a flexible schedule that will change every week.**

Name: \_\_\_\_\_ Example \_\_\_\_\_ S.S.# \_\_\_\_\_ 000-00-0000 \_\_\_\_\_  
 Dates  
 Week 1 \_\_\_\_\_ TO \_\_\_\_\_ House \_\_\_\_\_

Time	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
IN AM PM	1pm		3 pm	9 am	11 pm		9 am
OUT AM PM	9pm		11 pm	5 pm	9:00 am		11 pm
HOURS	8.00 Hrs		8.00 Hrs	8 Hrs	10.00 hrs		14 Hrs

Aft/mid    aft.    Mornings    midnights aft/morn/mid

TOTAL HOURS WK. \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ Example \_\_\_\_\_

STR. HRS. \_\_\_\_\_ OT. \_\_\_\_\_ HOL. \_\_\_\_\_ VAC \_\_\_\_\_ INS. \_\_\_\_\_

1. Progressive has no set schedules or certain shifts. Can request prior to your schedule for special occasions.
2. Progressive offers health insurance after ninety (90) days of employment
3. Progressive starts untrained at \$8.25 an hour and M.O.R.C. trained \$8.40. Progressive's pay checks are issued on the 15<sup>th</sup> and 30<sup>th</sup> of each month. Direct Deposit is available.
4. Progressive has 29 homes.
5. Tuberculosis test is required before date of hire. (Health Dept on Telegraph gives \$8.00 T.B. testing).
6. If untrained you'll be sent to a 2 weeks and 1 day class called M.O.R.C., Inc., located in Auburn Hills, off Doris Rd. Classes held Monday through Friday from 8:30am.-3:00pm.
7. You are hiring into Progressive Lifestyles, Inc. not just the facility you are initially placed at. You can expect to be transferred several times throughout your employment with Progressive Lifestyles, Inc. as the needs of the corporation require.
- 8. Progressive Lifestyles, Inc. does not work around other jobs.**
- 9. Progressive Lifestyles, Inc. makes no guarantees regarding schedule request.**
- 10. We do not allow scrubs in the home while working.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## TRANSPORTING RESIDENTS: UNIFORM POLICY FOR STAFF AND DRIVERS

It is the policy of Progressive Lifestyles, Inc. that all staff and drivers of the employer's vehicles, or when using their own vehicle to conduct business for Progressive Lifestyles, Inc. shall have a valid Michigan operator's or chauffeur's license and required by law, be insurable under the employer's automobile insurance policy, or when using their own vehicle, have proper and adequate automobile insurance, and meet other criteria defined below. All occupants in any vehicle shall be properly restrained as required by law.

Staff is defined to mean any individual who may be required to transport a resident in an employer's vehicle, including emergency situations, or who uses their own vehicle to conduct business for Progressive Lifestyles, Inc.

- A. An employee whose driving record reveals any of the following will not be permitted to drive employer vehicles, or use their own vehicle to conduct business for Progressive Lifestyles, Inc.
  1. Currently suspended license
  2. *Three At Fault* accidents within *THREE* years NOT RESULTING IN A CONVICTION.
  3. Accumulation of 9 or more points in two years.
  4. A single conviction of a 6 point violation or any of the following infractions:
    - a. At Fault accident RESULTING IN A CONVICTION
    - b. Felonious use of a vehicle
    - c. Operating vehicle while under the influence of alcohol or drugs
    - d. Operating a vehicle while impaired
    - e. Fleeing an accident
    - f. Reckless driving
    - g. Fleeing an officer
- B. An employee who becomes incompetent to drive or is inflicted with a mental or physical infirmity will not be permitted to drive the employer's vehicle, provided such disability constitutes a threat to public safety. Evaluation of competency or ability will be determined by appropriate medical opinion.
- C. Employees not categorized above will be permitted to operate the employer's vehicles, or use their own vehicle, and will be required to sign the Statement of Driver Responsibility.
- D. Staff and drivers agree to advise the employer of any traffic tickets or other citations involving an automobile in which staff or drivers are found TO BE responsible, at fault, or guilty.
- E. Motor vehicle driving records will remain as part of the personnel file.
- F. The employer reserves the right to modify, add, or delete from this policy as determined solely by the employer.

**Progressive Lifestyles, Inc.**  
**Statement of Driver's Responsibility**

As an Employee, I understand that I will be required to drive the Employer's vehicles while on duty or may need to use my own vehicle to conduct business for the Employer and that I must maintain a safe driving record for satisfactory job performance.

By signing this statement I verify that I have read and understand the Employer's policy on employee use of motor vehicles on company time.

- I am in compliance with the Employer's Policy on Employee Use of Motor Vehicles on Company Time.  
 I am not in compliance with the Employer's Policy on Employee Use of Motor Vehicles on Company Time.

If not in compliance, state why:

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I hereby consent to allow the Employer to verify this statement through obtaining a copy of my motor vehicle report to be used for an employment purpose not prohibited by law. I hereby release the Employer from any and all liability that may result from obtaining this information.

I understand that determination of safe driving will include annual or periodic reviews of my Master Driving Record on file with the Michigan Department of State or other states.

I agree to advise the Employer of any traffic citations or convictions including alcohol-related motor vehicle convictions to which I am found guilty or plead responsible or guilty.

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*Employee signature*

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*Print Employee's name*

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*Employee's Driver's License Number and State*

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*Employee's Date of Birth*