



**The Center for Counseling**  
*Your Life is Precious* <sup>SM</sup>

**APPLICATION FOR EMPLOYMENT**

The Center for Counseling is an equal opportunity employer, dedicated to a policy of non-discrimination. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, or other factors prohibited by law.

Please fill out all fields completely. You **must sign** the application for it to be considered.

Fax to: 586-716-0985.

32743 23 Mile Road, New Baltimore, MI 48047

Phone: 586-716-0980 Fax: 586-716-0985

[www.thecenterforcounseling.net](http://www.thecenterforcounseling.net)

**EMPLOYMENT  
APPLICATION**



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New Baltimore, MI 48047  
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Name:	Date:
Address:	# of years at address:
City: State: Zip:	Own or rent?
Previous address if under 5 years:	
Telephone:	Social Security #:
Professional License #:	

**EMERGENCY CONTACT INFORMATION:**

Name:	Phone:
Address:	Relationship:
City: State: Zip:	

Have you ever been convicted of any felony or misdemeanor?  Yes  No  
If yes, provide details here :

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you a legal citizen of the United States of America?  Yes  No

A criminal background check will be completed by office staff. Results:  No Record  Record Date:

Details:

Have you ever been involved as a defendant in any professional malpractice litigation?  Yes  No  
If yes, describe details:

Have you been convicted of or pled "no contest", "nolo contendere" or "guilty" to a felony at any time?  Yes  No

Are you currently awaiting trial or other disposition of a felony charge in connection with which you are currently out on bail or on your own recognizance?  Yes  No If yes to either question, please explain:

Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make & Model:
License plate #: State:	Driver license #:
Insurance company:	Policy #:
Insurance agent's name/phone:	Policy #:

**EDUCATION:**

	Name	City / State	Dates
High School			
College			
Other:			
Degrees/Certificates:			
Special Skills:			
Training:			

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**EMPLOYMENT HISTORY:** Please list jobs in order starting with your present or most recent job. Use another sheet if needed.

<b>1.</b>	Employer:	Phone #:	Dates Employed	
			From	To
	Address:			
	Job Title:	Supervisor:	Hourly Rate - Salary	
			Starting	Final
	Work performed:			
Reason for leaving?				

<b>2.</b>	Employer:	Phone #:	Dates Employed	
			From	To
	Address:			
	Job Title:	Supervisor:	Hourly Rate - Salary	
			Starting	Final
	Work performed:			
Reason for leaving?				

<b>3.</b>	Employer:	Phone #:	Dates Employed	
			From	To
	Address:			
	Job Title:	Supervisor:	Hourly Rate - Salary	
			Starting	Final
	Work performed:			
Reason for leaving?				

<b>4.</b>	Employer:	Phone #:	Dates Employed	
			From	To
	Address:			
	Job Title:	Supervisor:	Hourly Rate - Salary	
			Starting	Final
	Work performed:			
Reason for leaving?				

**AVAILABILITY:**

On what date would you be available to start work?	
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary	
Hours you are available to work:	
Hours desired:	Times not available:
Are you available for emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available for overnights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

1. I understand this application will be considered current for 30 days and that a new application must be completed for further consideration after 30 days.
2. In consideration of any employment of me by The Center for Counseling ("the Company"), I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
3. I further recognize that if employed by the Company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 9 below. **I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.**
4. I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation, if applicable, which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.
5. I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.
6. I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.
7. I understand that if I have a disability I must timely tell you in writing of my need for accommodation after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.
8. I certify that all information submitted by me in this application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.
9. **ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"),** provided all substantive rights and remedies including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. **I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT AND/OR BEFORE A JURY, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.**
10. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**DISCLOSURE NOTICE AND AUTHORIZATION REGARDING  
CONSUMER AND INVESTIGATIVE REPORTS**

**IMPORTANT: Please read and consider carefully before signing.**

In accord with the Federal Credit Reporting Act (FCRA), Celebration Home Care ("the Company") may obtain consumer reports and/or investigative consumer reports regarding your character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics, or other personal characteristics in connection with your potential or actual employment with the Company. Pursuant to this disclosure by the Company and your signed authorization below, the Company may obtain consumer reports and/or investigative consumer reports as described above at any time during the employment application process or employment with the Company.

Whenever it is required by the FCRA, and before any adverse action is taken by the Company based in whole or part on information contained in a consumer report or investigative consumer report, you will receive a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION**

I hereby authorize, without reservation, the Company and its affiliates to obtain consumer reports and/or investigative consumer reports at any time for employment-related purposes. I understand that consumer reports and investigative consumer reports may contain information regarding my character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics, or other personal characteristics. I recognize that the Company has the right to obtain additional consumer reports in the future regarding me as to any employment-related matter.

I further authorize all persons and entities to release all written and verbal information about me to a consumer reporting agency or any other entity for use by the Company for employment-related purposes and agree to hold each harmless from liability and responsibility for doing so.

**My signature below indicates that I have read and acknowledged the "Disclosure Notice" above and that I have freely given my authorization in accord with the foregoing.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE