



INDEPENDENT OPPORTUNITIES OF MICHIGAN JOB APPLICATION

Personal Information

Name: _____ Phone Number: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Applied for: _____

Have you read the full job description? Yes _____ No _____

Do you understand the responsibilities of the position you applied for? Yes _____ No _____

Can you perform the duties of the position you applied for with or without accommodations? Yes _____ No _____

Are you 18 years or older? Yes _____ No _____

Do you have a High School Diploma or G.E.D. Equivalent? Yes _____ No _____

Do you have a CURRENT Michigan Driver's License? Yes _____ No _____

Have you ever been convicted of a misdemeanor or a felony, or do you have any criminal charges pending against you?

Yes _____ No _____ If yes, please provide an explanation of any charges along with dates of sentencing:

Have you previously been employed by IOM? Yes _____ No _____

If yes, give dates of employment and indicate if employed under a different name (i.e. maiden):

How did you hear about this job opportunity? _____

Professional Experience

Please list your most recent paid positions:

	Company Name	Your Job Title	Dates of Employment
1.	_____	_____	_____
	<i>Reason employment ended:</i> _____		
2.	_____	_____	_____
	<i>Reason employment ended:</i> _____		
3.	_____	_____	_____
	<i>Reason employment ended:</i> _____		

Education

High School Attended: _____ City/State: _____

Graduated: Yes _____ No _____ GED: Yes _____ No _____

College Attended: _____ City/State: _____

Major: _____ Highest Level of Degree Earned: _____

Current Trainings

Please check all that apply and provide **expiration** dates:

- CPR _____
- First Aid _____
- Blood Borne Pathogens _____
- Recipient Rights _____
- Medications/Seizures _____
- Behavior Modification _____
- Cultural Competency/LEP _____
- MORC Training _____

Can you provide us with the results of a TB test or Chest X-Ray given in the last 3 years? Yes _____ No _____

Position Specifics

Are you interested in working Full Time or Part Time?

- Full Time (31-40 hours a week)
- Part Time (30 hours or less a week)

How far are you willing to drive from your place of residence (in miles/minutes): _____

Availability

Please check any days you are able to work and list the hours of your availability:

<input type="checkbox"/>	Monday:	<input type="checkbox"/>	Friday:
<input type="checkbox"/>	Tuesday:	<input type="checkbox"/>	Saturday:
<input type="checkbox"/>	Wednesday:	<input type="checkbox"/>	Sunday:
<input type="checkbox"/>	Thursday:		

_____ I understand that any dishonest or false answers provided on this, any subsequent IOM documentation or in any interview are grounds for and may result in my immediate dismissal.

Applicant Name (Please Print)

Applicant Signature

Date Applied