

Synod Community Services

Employment Application Packet

Updated: March 11, 2015

Synod Community Services Employment Application

Synod Community Services is an equal opportunity employer. It is a policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, mental, or physical disability, in hiring, promoting, payment, disciplinary action or in any other terms and conditions of employment. Synod Community Services will not discriminate against a person with a covered disability under the "Americans with Disabilities Act" in regard to employment practices, terms, conditions or privileges of employment.

GENERAL INFORMATION

Job Applied For:	Today's Date:
------------------	---------------

Name of Applicant (First, Middle, Last)

Please Write Any Previous Names You Have Used (i.e. Maiden Name, Married Names, any Alias):

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

Home Phone Number: _____ Cellular Phone Number: _____

Can you provide proof of high school graduation or completion of G.E.D.? Yes No

Do you have a current Driver's License? Yes No

Have you worked for Synod before? Yes No

If so, did you resign, or were you fired? Resigned Fired

Have you plead guilty or been convicted of a crime? Yes No

If Yes: Date of plea or conviction _____ Misdemeanor Felony

Probation? Parole? Probation or Parole Dates: _____

Have you been involved in any recipient rights investigation? Yes No

If so, provide the dates: _____

AVAILABILITY

Using the chart below please circle the shifts you are available to work. For example, if you can work between the hours of 12:00 AM and 8:00 AM Monday through Friday, then circle the shifts that apply to those times.

Su	M	T	W	Th	F	Sa
Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift
AM Shift	AM Shift	AM Shift	AM Shift	AM Shift	AM Shift	AM Shift
PM Shift	PM Shift	PM Shift	PM Shift	PM Shift	PM Shift	PM Shift

The **Midnight Shift** runs from 11pm - 7am or 12am - 8am depending on the work site.

The **AM Shift** runs from 7am - 3pm or 8am - 4pm depending on the work site.

The **PM Shift** runs from 3pm - 11pm or 4pm - 12am depending on the work site.

EXAMPLE:

Su	M	T	W	Th	F	Sa
Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift	Mid-night Shift
AM Shift	AM Shift	AM Shift	AM Shift	AM Shift	AM Shift	AM Shift
PM Shift	PM Shift	PM Shift	PM Shift	PM Shift	PM Shift	PM Shift

Synod Community Services Employment Application

GEOGRAPHIC AVAILABILITY			
Synod Community Services operates throughout southeastern Michigan. Please indicate the geographic area where you are able to work by checking the boxes next to the cities listed below.			
<input type="checkbox"/> Ann Arbor	<input type="checkbox"/> Oxford	<input type="checkbox"/> Troy	<input type="checkbox"/> Lake Orion
<input type="checkbox"/> Clarkston	<input type="checkbox"/> Southfield	<input type="checkbox"/> Waterford	<input type="checkbox"/> Ypsilanti

LICENSE / REGISTRATION / CERTIFICATION			
List any professional licenses, registrations, and certifications you possess.			
Description	State	Number	Expiration

SPECIALIZED SKILLS AND TRAINING	
List skills or additional trainings that show your ability to perform the job you are applying (such as CPR/First Aid Training, DCH or County Trainings, computer skills, organizational skills, foreign languages you may be fluent in).	
Can you provide documentation of specialized training? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION VERIFICATION & WORK HISTORY REFERENCE
Please write your education history on the following 2 Education Verification forms and your work history on the 4 Reference Check of Previous Employment forms. These forms will serve as a record of your education and work history and a copy will be sent to your former school or employer to verify your education and work information. Please include the school that granted you the highest degree you've attained and any other universities, colleges, or schools you wish us to know about. Put your current or most recent work position on the first reference sheet. In chronological order, from the second most current to the least current, fill in the remaining reference sheets. We require 3 work references or 2 work references and a personal reference. If needed, use one of the work reference sheets for the personal reference and write PERSONAL REFERENCE on the top of it.

**SYNOD COMMUNITY SERVICES
EMPLOYEE EDUCATION VERIFICATION**

TO BE COMPLETED BY APPLICANT

TO: Office of Records

Name of School

Address of School:

Telephone Number:	Fax Number:
-------------------	-------------

FROM:	Applicant's Name:
--------------	-------------------

DATE:	Today's Date:
--------------	---------------

EDUCATION VERIFICATION

REMARKS: Page 1 of 1

Urgent
For Your Review
Please Reply

**When completed please
fax or mail to:**
Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465
Phone: (734) 483-9363
Fax: (734) 483-9557

TO BE COMPLETED BY APPLICANT

RELEASE:

I am applying for employment at Synod Community Services. I hereby give Synod my permission to contact the school named above to verify the items listed. I hereby release Synod and the above referenced school from all claims, liability and damages that may result from furnishing this information. I expressly and fully waive prior written notice from the school. I consent to the release of any information relating to my educational record which is documented in my student file.

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

STUDENT INFORMATION:

Applicant's Name at Time of Attendance:	Course of Study:
Degree Attained:	Date Degree Attained:

VERIFICATION (To be completed by School):

Degree Attained:	Date Degree Attained:	Course of Study:
Other / Comments:		
Name and Title of Person Completing Form:		
Signature of Person Completing Form:	Date:	

SCS OFFICE USE ONLY

Please verify whether or not the School Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

**SYNOD COMMUNITY SERVICES
EMPLOYEE EDUCATION VERIFICATION**

TO BE COMPLETED BY APPLICANT

TO: Office of Records

Name of School

Address of School:

Telephone Number:	Fax Number:
-------------------	-------------

FROM:	Applicant's Name:
--------------	-------------------

DATE:	Today's Date:
--------------	---------------

EDUCATION VERIFICATION

REMARKS: Page 1 of 1

Urgent

For Your Review

Please Reply

**When completed please
fax or mail to:**
Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465
Phone: (734) 483-9363
Fax: (734) 483-9557

TO BE COMPLETED BY APPLICANT

RELEASE:

I am applying for employment at Synod Community Services. I hereby give Synod my permission to contact the school named above to verify the items listed. I hereby release Synod and the above referenced school from all claims, liability and damages that may result from furnishing this information. I expressly and fully waive prior written notice from the school. I consent to the release of any information relating to my educational record which is documented in my student file.

Applicant Signature _____
Date

TO BE COMPLETED BY APPLICANT

STUDENT INFORMATION:

Applicant's Name at Time of Attendance:	Course of Study:
Degree Attained:	Date Degree Attained:

VERIFICATION (To be completed by School):

Degree Attained:	Date Degree Attained:	Course of Study:
Other / Comments:		

Name and Title of Person Completing Form:	
Signature of Person Completing Form:	Date:

SCS OFFICE USE ONLY

Please verify whether or not the School Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

**SYNOD COMMUNITY SERVICES
REFERENCE CHECK OF PREVIOUS EMPLOYMENT**

TO BE COMPLETED BY APPLICANT

TO:	Name of Previous Employer:		
	Address:		
	Telephone Number:	Fax Number:	
FROM:	Applicant's Name:		
DATE:	Today's Date:		
RE:	Employment Verification and Job Performance		

**WORK HISTORY
REFERENCE
Page 1 of 2**

Urgent

Please Reply

When completed please fax or mail to:

**Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465**

**Phone: (734) 483-9363
Fax: (734) 483-9557**

TO BE COMPLETED BY APPLICANT

NOTES / RELEASE:

I am applying for employment with Synod, a human services agency. Please review the information I've provided on this page and on page 2, and complete the assessment of my employment.

I hereby authorize the above named employer to disclose to Synod any and all information related to my employment, including job performance. I further release and hold harmless both Synod and the employer named above from all claims and liabilities that arise from or are connected to the disclosure and use of my employment related information.

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION:

Job Title:		Previous Supervisor's Name	
Worked From (Month/Year):	Worked To (Month/Year):	Type of Business:	Wage:
Description of Job Duties:			
Reason for Leaving:			

SCS OFFICE USE ONLY

Please verify whether or not the Employer Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

**SYNOD COMMUNITY SERVICES
REFERENCE CHECK OF PREVIOUS EMPLOYMENT**

TO BE COMPLETED BY APPLICANT

TO: Name of Previous Employer:

Address:

Telephone Number: Fax Number:

**WORK HISTORY
REFERENCE
Page 1 of 2**

Urgent

Please Reply

FROM: Applicant's Name:

DATE: Today's Date:

RE: Employment Verification and Job Performance

When completed please fax or mail to:

Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465

Phone: (734) 483-9363
Fax: (734) 483-9557

TO BE COMPLETED BY APPLICANT

NOTES / RELEASE:

I am applying for employment with Synod, a human services agency. Please review the information I've provided on this page and on page 2, and complete the assessment of my employment.

I hereby authorize the above named employer to disclose to Synod any and all information related to my employment, including job performance. I further release and hold harmless both Synod and the employer named above from all claims and liabilities that arise from or are connected to the disclosure and use of my employment related information.

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION:

Job Title:		Previous Supervisor's Name	
Worked From (Month/Year):	Worked To (Month/Year):	Type of Business:	Wage:
Description of Job Duties:			
Reason for Leaving:			

SCS OFFICE USE ONLY

Please verify whether or not the Employer Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

**SYNOD COMMUNITY SERVICES
REFERENCE CHECK OF PREVIOUS EMPLOYMENT**

**WORK HISTORY
REFERENCE
Page 1 of 2**

Urgent

Please Reply

When completed please fax or mail to:

Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465

Phone: (734) 483-9363
Fax: (734) 483-9557

TO BE COMPLETED BY APPLICANT

TO:	Name of Previous Employer:	
	Address:	
	Telephone Number:	Fax Number:
FROM:	Applicant's Name:	
DATE:	Today's Date:	
RE:	Employment Verification and Job Performance	

TO BE COMPLETED BY APPLICANT

NOTES / RELEASE:

I am applying for employment with Synod, a human services agency. Please review the information I've provided on this page and on page 2, and complete the assessment of my employment.

I hereby authorize the above named employer to disclose to Synod any and all information related to my employment, including job performance. I further release and hold harmless both Synod and the employer named above from all claims and liabilities that arise from or are connected to the disclosure and use of my employment related information.

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION:

Job Title:		Previous Supervisor's Name	
Worked From (Month/Year):	Worked To (Month/Year):	Type of Business:	Wage:
Description of Job Duties:			
Reason for Leaving:			

SCS OFFICE USE ONLY

Please verify whether or not the Employer Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

**SYNOD COMMUNITY SERVICES
REFERENCE CHECK OF PREVIOUS EMPLOYMENT**

TO BE COMPLETED BY APPLICANT

TO:	Name of Previous Employer:		
	Address:		
	Telephone Number:	Fax Number:	
FROM:	Applicant's Name:		
DATE:	Today's Date:		
RE:	Employment Verification and Job Performance		

**WORK HISTORY
REFERENCE
Page 1 of 2**

Urgent

Please Reply

When completed please fax or mail to:

**Synod Community Services
P.O. Box 980465
Ypsilanti, MI 48198-0465**

**Phone: (734) 483-9363
Fax: (734) 483-9557**

TO BE COMPLETED BY APPLICANT

NOTES / RELEASE:

I am applying for employment with Synod, a human services agency. Please review the information I've provided on this page and on page 2, and complete the assessment of my employment.

I hereby authorize the above named employer to disclose to Synod any and all information related to my employment, including job performance. I further release and hold harmless both Synod and the employer named above from all claims and liabilities that arise from or are connected to the disclosure and use of my employment related information.

Applicant Signature

Date

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION:

Job Title:		Previous Supervisor's Name	
Worked From (Month/Year):	Worked To (Month/Year):	Type of Business:	Wage:
Description of Job Duties:			
Reason for Leaving:			

SCS OFFICE USE ONLY

Please verify whether or not the Employer Name, Phone and Fax Numbers listed above are accurate: Yes No

Confidentiality: The information contained in the facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately at (734) 483-9363. Thank you.

Synod Community Services Employment Application

SHORT STATEMENT

In the space below, please write a short statement telling us why you want to work in human services.

STATEMENT OF SUITABILITY

I, _____ declare that I am suitable in temperament, disposition and character to meet the physical, emotional, intellectual, and social needs of vulnerable and dependent individuals. I state further that I am honest, patient, understanding and empathetic. I am willing and able to appropriately handle emergency situations.

Applicant Signature

Date

STATEMENT OF GOOD MORAL CHARACTER

I hereby declare and affirm that I possess good moral character.

Applicant Signature

Date

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that falsification of information in this application is considered a sign of poor moral character and if employed, shall be grounds for termination.

In consideration of my employment, I agree to conform to the rules and regulations of Synod Community Services. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Synod Community Services or myself.

Applicant Signature

Date

Synod Community Services Employment Application

EMERGENCY CONTACT INFORMATION		
Name Of Emergency Contact::	Address Of Emergency Contact:	
Your Relationship To Individual:	Phone Number:	Cellular Phone Number:

EEOC INFORMATION	
<p>Please check only one box only from List A. Check all others that may apply in List B. Write in additional information in the space provided.</p>	
<p><u>List A</u> Check Only One Box:</p> <p><input type="checkbox"/> African or African American</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> European or European American</p> <p><input type="checkbox"/> Hispanic or Hispanic American</p> <p><input type="checkbox"/> Native American or Alaskan Native</p>	<p><u>List B</u> Check All Others That May Apply:</p> <p><input type="checkbox"/> African or African American</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> Caribbean or Caribbean American</p> <p><input type="checkbox"/> European or European American</p> <p><input type="checkbox"/> Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic or Hispanic American</p> <p><input type="checkbox"/> Middle Eastern or Middle Eastern American</p> <p><input type="checkbox"/> Native American or Alaskan Native or AmerIndian</p>
<p><u>List C</u></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Transgender</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>