

Training and Treatment Innovations, Inc.
 1225 E. Big Beaver Road
 Troy, MI 48083
 Phone (248) 524-8801 Fax (248) 524-8875

APPLICATION FOR EMPLOYMENT

Training and Treatment Innovations, Inc. (TTI) is an equal opportunity employer. It is the policy of TTI not to discriminate on the basis of race, sex, religion, national origin, sexual orientation, marital status, age, weight, height, color or disability, in the hiring, promotion, payment 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. This request should be made in advance so that we can make reasonable accommodations.

PERSONAL INFORMATION					
First Name _____ Middle Initial _____ Last Name _____			Home Telephone Number _____		
Home Address _____ City _____ State _____ Zip _____			Alternate Telephone Number _____		
Position Applied For: _____		Employment:	Hours:		
Date Available _____ Starting Salary _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	<input type="checkbox"/> Early Morning <input type="checkbox"/> Days <input type="checkbox"/> Afternoon <input type="checkbox"/> Midnights <input type="checkbox"/> Weekends		
Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>			Social Security Number _____		
If yes, please explain. _____			Are you over the age of 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been charged with abuse or neglect by a Federal State, Local Government, court or agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			How were you referred to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Other _____		
If yes, please explain. _____			Has there ever been a Recipient Rights Violation Claim filed against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any felony or misdemeanor charges pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>			Was it substantiated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain. _____			Have you ever been convicted of Medicaid Fraud? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a US citizen or are you authorized by the INS to work in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been denied bond? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT DESIRED					
Have you applied for employment here before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When? _____ Where? _____		If so, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you currently laid off or on leave from another company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When? _____ Where? _____					
Are you willing to travel up to 25 miles from your home to your work site? Yes <input type="checkbox"/> No <input type="checkbox"/>					

EDUCATION					
Name of School	Location City State	Main Course of Study	Did you graduate?	Grade Average	Degree Earned

List any scholastic honors received and offices held while in school and all applicable skills and trainings.

Are you planning to pursue other studies? Yes Day Night No
 If so, where and what course of study? _____

Current Licensure/Certification	Registration #	State Issued
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EMPLOYMENT HISTORY

List employment for the past 10 year, starting with present job. Include military experience.

Company Name	Specific Duties
Street Address	Telephone Number
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
Company Name	Specific Duties
Street Address	Telephone Number
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
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DRIVING EXPERIENCE

Do you have a valid Michigan Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of License	Type of Auto Insurance
License # _____ Exp. Date _____	<input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Chauffeur	<input type="checkbox"/> Full Cover age <input type="checkbox"/> PLPD
Have you ever had your Driver's License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	Have you ever been involved in an automobile accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

REFERENCES

(List 3 people, not related to you, who have known you at least 1 year.)

Name	Address	Business	Years Acquainted

EMERGENCY

(In case of an emergency, please notify nearest living relative)

Name	Relationship	Phone Number

Address _____

EMPLOYMENT LIMITATIONS

Is there any circumstance or physical condition which might limit your ability to perform the job applied for? Yes No
If yes, please explain: _____

PLEASE READ BEFORE SIGNING

Initial next to each statement, verifying that you have read and agree to the terms of this application.

_____ I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

_____ I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I also authorize Training and Treatment Innovations, Inc. to investigate my background relating to employment at this agency. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

_____ In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United State on my first day of employment, a valid Michigan driver's license, proof of vehicle insurance, a copy of my social security card, certified copy of educational credentials (if applicable), copies of state licensure or registration (if applicable), and a copy of a negative TB test.

_____ I agree that should an offer of employment be extended, that I shall be bound by the policies, rules, regulations and conditions of employment of Training and Treatment Innovations, Inc. I further acknowledge that the agency policy and a procedure manual is available for my review and is maintained in the office of my supervisor.

_____ I further understand and agree that my employment is for no definite period of time and may, regardless of the day of payment of wages or salary, be terminated for any reason and at any time without previous notice. Training and Treatment Innovations, Inc. is an "At Will Employer".

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

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Reference Cover

Applicants Name: _____

Date: _____ Position Desired: _____

By filling out the information below you are allowing Training and Treatment Innovations, Inc. To contact these references either via mail, e-mail or by phone.

Please list (3) Three PROFESSIONAL references below including their full name, address, city, state, and zip code. Also include the phone number with the appropriate area code. All information should be current.

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

If you do not have the full information requested above please contact our HR department the following business day with the information. All information is required before references can be processed.

On the following 3 pages please sign your name where it says, "Signature of Applicant" and date the form. Your signature allows the attached information to be released to our agency.

Training and Treatment Innovations, Inc. Reference Evaluation

I give my permission to Training and Treatment Innovations, Inc. to receive complete employment information as requested from those people or agencies that I have listed on my application for employment/reference section as references. I understand that this information is strictly confidential, and that by signing this form, I waive my right to the information provided on this evaluation.

Signature of Applicant: _____ Date: _____

Evaluator: Please complete all areas below.

1. How long have you known this applicant? _____
2. In what capacity have you known this applicant? _____
3. Please give your appraisal of the applicant on each of the following with a check mark:

	Outstanding	Very Good	Satisfactory	Poor
A. Leadership	_____	_____	_____	_____
B. Working relationship with other professionals	_____	_____	_____	_____
C. Skill working with people	_____	_____	_____	_____
D. Openness to change & new ideas	_____	_____	_____	_____
E. Concern for the needs of others	_____	_____	_____	_____
F. Performance under stress or during crisis time	_____	_____	_____	_____
G. Judgment in decision making	_____	_____	_____	_____
H. Oral Communication skills	_____	_____	_____	_____
I. Written communication skills	_____	_____	_____	_____
J. Creativity	_____	_____	_____	_____
K. Integrity	_____	_____	_____	_____
L. Reliability	_____	_____	_____	_____
M. Resourcefulness	_____	_____	_____	_____
N. Ability to be a team player	_____	_____	_____	_____

What do you see to be this applicants greatest strengths? _____

Please add any pertinent comments which will assist in assessing the applicants probability of success with our program: _____

If you are unable to provide the requested information please list dates of employment and whether your agency would or would not re-hire this individual: _____

 Signature of person completing this evaluation

 Date

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