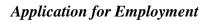


Consumer Services, Inc. Taylor Life Center





All applicants shall be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition, handicap or any other status protected by law. Consumer Services, Inc. is an Equal Opportunity Employer.

Last Name			First Name	Middle Name					
Address Street			City		State	Zip Code			
Home Phone	Cell	Phone	E-mail address						
Salary desired: \$		Are yo	ou seeking full or part-time work?	Date	e available for wor	k:			
Are you related to any staff?	Yes		es, name of staff:						
Are you 18 years of age or o									
Have you ever been convicted	ed of a crim	e? Yes	☐ No Are there any crimina	al charges pending again	ıst you? 🗌 Yes	☐ No			
Military Service Have you ever been in the m	nilitary serv	ice? Yes	☐ No If yes, when?	Raı	nk:				
			What branch of services were						
Are you currently a member	of the Nati	onal Guard o	or Reserve? Yes No						
Education									
Type of Education	Did you	graduate?	Name of School/Location	Degree Received	Major or (Concentration			
	Yes	No		Year Month					
High School or Equivalent		Ш							
College/University – Undergrad BA/BS									
College/University – Graduate MA/MS									
Other:									
License/Certification	which licen		cates you carry in the state of Michigicense/I.D.#	gan:	Expiration D	ate:			
☐ LLPC ☐ LPC									
☐ TLLP ☐ LLP ☐	LP								
□ RN □ NP □ PA									
☐ MD ☐ DO									
MA									
Peer Support Specialist/F	Recovery C	oach							
SA Certification:			-						
Other:									
If no, are you eligible?	Yes □ No	o Pl	ease explain:						

Form #: 1.F.8.a-1 (11/13)





Consumer Services, Inc. Taylor Life Center

Application for Employment



Employment Histor	v
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Employer: Date Started: Phone Number:	Please supply the information below beg	inning with your most recent employ	yment. Please include name, ade	dress, and phone number.
Title/Iob: Salary S: Reason for leaving: Date Left: Date Left: Date Left: Phone Number: Title/Iob: Salary S: Reason for leaving: Date Left: Date Left: Salary S: Reason for leaving: Date Left: Date L	Employer:		Date Started:	Date Left:
Date Started: Date Left:	Address:		Phor	ne Number:
Date Started: Date Left:	Title/Job:	Salary \$:	Reason for leaving	g:
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Employer:	Duties:			
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Employer: Date Started: Date Left: Address: Phone Number: Title/Job: Salary \$: Reason for leaving: Duties: Professional References Name Telephone Business Title Name It information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. 2. Authorize the references listed above, and my former and/or current employer(s), to give you any and all information concerning my previous current employment, and any pertinent information that they may have, personal or otherwise. Furthermore, I release all parties from all liabiliand for any damage that may result from furnishing this information to you. 3. Understand that if I am selected for employment, evidence of U.S. citizenship or U.S. permanent resident status must be provided to the agence Acknowledge and agree that, if employed, my employment is "at will" or subject to termination at any time during employment for any reason or no reason at all by either the employer or myself. I further understand that no oral statement or representation made will change, modify or amend the "at will" nature of my employment. 5. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon a request under the provisions of the status may be provided to the provisions of the status may be provided to the provisions of the status may be provided upon a request under the provisions of the status may be publicly disclosed upon a request under the provisions of the status may be publicly disclosed upon a request under the provisions of the status may be publicly disclosed upon a request under the provisions of the status may be publicly disclosed upon a request under the provisions of the status may be publicly disclosed upon a request under the provisions of the status may be publicly disclosed upon a request under the	Title/Job:	Salary \$:	Reason for leaving	g:
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Name Telephone Business Title By signing this application, I hereby: Certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. Authorize the references listed above, and my former and/or current employer(s), to give you any and all information concerning my previous current employment, and any pertinent information that they may have, personal or otherwise. Furthermore, I release all parties from all liability and for any damage that may result from furnishing this information to you. Understand that if I am selected for employment, evidence of U.S. citizenship or U.S. permanent resident status must be provided to the agency or no reason at all by either the employed, my employment is "at will" or subject to termination at any time during employment for any reason or no reason at all by either the employer or myself. I further understand that no oral statement or representation made will change, modify or amend the "at will" nature of my employment. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon a request under the provisions of the pr	Name		Telephone	Business Title
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5. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon a request under the provisions of the	or no reason at all by either the emp	oloyer or myself. I further understand		
Freedom Information Act, unless I am able to demonstrate through written request at the time of application that the release of this information represents an unwarranted invasion of privacy.	5. Acknowledge that non-privileged in Freedom Information Act, unless I a	nformation contained in this application able to demonstrate through written		

carf

Date:

Applicant Signature:



Consumer Services, Inc. Taylor Life Center

Application for Employment Authorization for Background Check



I acknowledge and authorize Consumer Services, Inc. permission to do a criminal background check and source verification on myself to verify information provided on the application for employment. The source of the investigation may include:

- Michigan State Police (ICHAT)
- National Sex Offenders Registry (PSOR)
- Excluded Parties List (EPLS)
- Office of Inspector General (HHS/OIG)
- National Provider Data Bank (NPDB)
- Michigan's Department of State Bureau of Driver and Vehicle Records

Name (PRINT CLEARLY)											1													
Signature:										Date:														
D.O.B.: SS#:																								
Driver's License/State ID#:																								
Applicant Information Form Federal Government guidelines require that we collect the following information on all applications or employment. You are not required to give this information. This information is for statistical analysis and periodic government reporting, and will be kept in confidential Human Resources office files. Check one: I will provide the following information.																								
☐ I prefer not to provide this information. Check one: ☐ Male ☐ Female																								
Check	c one	e: [☐ Wh		Pacit	☐ Bla fic Islar			_	Hispan Bi-raci		Ame	rican	In	diar	n/Al	aska	an l	Nativ	ve .				
Do you speak a second language: No Yes:																								

