



Consumer Services, Inc.
Taylor Life Center
Application for Employment



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 you seeking full or part-time work? _____ Date available for work: _____

Are you related to any staff? ☐ Yes ☐ No If yes, name of staff: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No Are there any criminal charges pending against you? ☐ Yes ☐ No

Military Service

Have you ever been in the military service? ☐ Yes ☐ No If yes, when? _____ Rank: _____

Were you honorably discharged? ☐ Yes ☐ No What branch of services were you in? _____

Are you currently a member of the National Guard 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	<input type="checkbox"/>	<input type="checkbox"/>		---	---	---
College/University – Undergrad BA/BS	<input type="checkbox"/>	<input type="checkbox"/>				
College/University – Graduate MA/MS	<input type="checkbox"/>	<input type="checkbox"/>				
Other:	<input type="checkbox"/>	<input type="checkbox"/>				

Licensure

Please indicate by checking which licenses or certificates you carry in the state of Michigan:

License/Certification

License/I.D. #

Expiration Date:

☐ SST ☐ LBBSW ☐ LBSW

☐ LLMSW ☐ LMSW

☐ LLPC ☐ LPC

☐ TLLP ☐ LLP ☐ LP

☐ RN ☐ NP ☐ PA

☐ MD ☐ DO

☐ MA

☐ Peer Support Specialist/Recovery Coach

☐ SA Certification: _____

☐ Other: _____

If no, are you eligible? ☐ Yes ☐ No

Please explain: _____



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Employment History

Please supply the information below beginning with your most recent employment. Please include name, address, and phone number.

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Phone Number: _____

Title/Job: _____ Salary \$: _____ Reason for leaving: _____

Duties: _____

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Phone Number: _____

Title/Job: _____ Salary \$: _____ Reason for leaving: _____

Duties: _____

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Phone Number: _____

Title/Job: _____ Salary \$: _____ Reason for leaving: _____

Duties: _____

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Title/Job: _____ Salary \$: _____ Reason for leaving: _____

Duties: _____

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Phone Number: _____

Title/Job: _____ Salary \$: _____ Reason for leaving: _____

Duties: _____

Professional References

Name _____ Telephone _____ Business Title _____

Name _____ Telephone _____ Business Title _____

Name _____ Telephone _____ Business Title _____

By signing this application, I hereby:

1. 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.
2. Authorize the references listed above, and my former and/or current employer(s), to give you any and all information concerning my previous or 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.
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 agency.
4. 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 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.

Applicant Signature: _____ Date: _____

