



APPLICATION FOR EMPLOYMENT

Instructions

1. Attach a cover letter.
2. Include a resume listing all current and past employment for the past 10 years.
3. Complete the Application and Release Form. All questions must be answered.
4. Review attached E-Verify Notice.
5. Review the self-identification forms. **IMPORTANT: Completing the forms is optional.**
6. Send resume, application, release form and self-identification forms (if you decide to complete the forms) to HR, AWBS, 1423 Field, Detroit MI 48214 or Fax 313.921.9106 or e-mail sglenn@awbs.org.

Name:			Date: ___/___/___
Last	First	Middle	
Current Address:			Phone: ()
Number Street	City	State	Zip/Postal Code
Permanent Address:			Phone: ()
Number Street	City	State	Zip/Postal Code
Are you 18 Years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	E-mail: @
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What position(s) are you applying for?			

EMPLOYMENT

Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		
Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		
Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		

Employer Name:	Address:	Beginning Date ___/___
		Ending Date ___/___
Supervisor:	Phone ()	Ending Salary \$
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> If Part-Time average # or hours week/month _____		
Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed <input type="checkbox"/> Dismissed <input type="checkbox"/> Leave of Absence <input type="checkbox"/>		

VOLUNTEER SERVICE: Describe any volunteer experiences

REFERENCES: List three professional references (other than relatives), including at least one current or former supervisor.

Name	Phone	Supervisor	
		Yes	No

How did you hear about the job opening?

AWBS Website Online Service Newspaper Job Fair

Other Please list _____

AWBS Employee If checked, please list the employee's name: _____

All of the information on this application and the attached resume is complete and accurate. I understand that any misrepresentation or omission of facts is cause for dismissal. I authorize investigation of all statements in this application and release Adult Well-Being Services from all liability in connection with undertaking reference and record checks.

I also understand that if I become an employee of Adult Well-Being Services, the only valid conditions of employment are those outlined in the Personnel Policies, Practices and Procedures or authorized in writing by the President & CEO. I further understand and agree that in the event of employment, if I have a dispute with Adult Well-Being Services and file a lawsuit against AWBS for any reason such lawsuit must be filed within six months from the date of the event giving rise to the lawsuit.

Signature _____ Date _____

**General Applicant Authorization
For Background Checks**

By signing below, I, _____
hereby voluntarily authorize **Adult Well-Being Services and its agents** to conduct a background check as part of the applicant screening process. This background check may include any or all of the following information as appropriate for the position: employment verification (including salary history), education verification (including grade information), professional license/certification verification, professional and/or character reference interviews, criminal and/or civil record searches, driving record, credit profile, and social security check.

In the event an investigative consumer report is prepared, I may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of my rights under the Fair Credit Reporting Act.

I understand that this search is conducted for all applicants as part of the Adult Well-Being Services pre-hire process.

I release Adult Well-Being Services from any and all liability in connection with undertaking this background check. I understand that any misrepresentation or omission of facts is caused for dismissal.

I understand that the position(s) for which I have applied may require a valid Michigan driver's/chauffeur's license and an acceptable driving record.

You are informed of these requirements and asked to sign this release form and provide us with the following information:

Required: Please list your Driver License or State ID Number

Is this a Chauffeur License Yes No?

Is this a Commercial Driver License Yes No ? If yes, do you have a "P" Endorsement. Yes No?

Print Full Legal Name: _____

Print any additional name(s) used: _____

Signature: _____ Date: ___/___/___

NOTICE

Federal Law requires Adult Well-Being Services to E-Verify® the identity and employment eligibility of all persons hired to work in the United States. For more information, please review the attached information.

SELF-IDENTIFICATION FORM

Please review the attached forms. You are not required to complete these forms.

SUBMIT APPLICATION PACKET

1. Check that you have answered all of the questions.
2. Check that your packet is complete. It must include a cover letter, your resume, application and release form. If you decide to complete the self-identification forms, please include in the packet.
3. Send your packet to HR, AWBS 1423 Field, Detroit MI 48214 or FAX to 313.921.9106 or email to sglenn@awbs.org

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:

La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



E-VERIFY IS A SERVICE OF DHS AND SSA

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:

Phone: 1-800-255-7688 or
(202) 616-5594

For the hearing impaired:

TTY 1-800-237-2515 or
(202) 616-5525

E-mail: oscert@usdoj.gov

Or write to:

U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

U.S. Department of Justice
Civil Rights Division

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



www.justice.gov/crt/about/osc

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si usted tiene el derecho a trabajar legalmente en los Estados Unidos, existen leyes que lo protege contra la discriminación en el trabajo.

Usted debe saber que:

- En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su país de origen o estatus migratorio, o negarse a aceptar sus documentos válidos y legales.
- Los empleadores no pueden rechazar documentos por que tienen una fecha de vencimiento futura.

- Los empleadores no pueden despedirlo debido a E-Verify, sin darle una oportunidad de resolver el problema.

- En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Si usted se ha encontrado en alguna de estas situaciones, contacte a la Oficina del Consejero Especial (OSC).

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688 o
202-616-5594

Para las personas con discapacidad
auditiva:

TTY 1-800-237-2515 o
202-616-5525

E-mail: oscrt@usdoj.gov

O escriba a:

U.S. Department of Justice - CRT
Office of Special Counsel- NYA
950 Pennsylvania Avenue, NW
Washington, DC 20530

Departamento de Justicia de EE.UU.
División de Derechos Civiles

Oficina del Consejero Especial Para
Prácticas Injustas en el Empleo
Relacionadas a Inmigración



www.justice.gov/crt/about/osc

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Applicant Self-Identification Form*

Federal laws and regulations require us to report on our workforce by race, gender, veteran and disability status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing the following forms. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: _____ First Name: _____

Middle Initial: _____ (Optional) Job Applied for: _____

Gender: Please place a check next to the appropriate category.

MALE

FEMALE

Race/Ethnicity: Please check one.

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Pre-Offer Veteran Self ID form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN