



Employment Application

The Legacy Center of Michigan is an equal opportunity Employer.

Legacy Center of Michigan (hereinafter LCM) considers all applicants for all positions without regard to race, color, religion, sex, citizenship status, national origin, age, marital status, sexual orientation, physical or mental disability, military status or any other basis upon which discrimination is prohibited by federal, state, and/or local law. No question on this application is intended to secure information to be used for such discrimination. LCM requires a background check as part of the hiring process. A resume is not a substitute for a signed application. Please complete the application in its entirety and email it to HR@LegacyCenterMichigan.com.

LAST NAME:	FIRST NAME:	MI	Preferred Start Date:
Street Address:			Position(s) Applying For: 1. 2.
City	State	Zip	Pay desired:
Phone: (____) _____	Availability for Work (circle any that you will accept): Full time Part time Temp/Seasonal		
Cell phone: (____) _____	Are there any days or shifts you will NOT be able to work? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Email: _____ (Required)	Are you at least 18 years old? Yes No		
			Are you at least 25 years old? Yes No
Are you legally eligible for employment in the U.S.A.? (Proof will be required if hired) Yes No			Have you previously been employed at LCM? Yes No
			If yes, where and when: _____
			Reason for leaving: _____

REFERRAL SOURCE (check all that apply)

<input type="checkbox"/> EMPLOYEE REFERRAL Specify:	<input type="checkbox"/> SCHOOL/COLLEGE Specify:	<input type="checkbox"/> INDUSTRY ORGANIZATION Specify:
<input type="checkbox"/> ADVERTISEMENT Specify:	<input type="checkbox"/> WALK-IN LOCATION Specify:	<input type="checkbox"/> OTHER Specify:

EDUCATION

NAME OF SCHOOL:	MAJOR:	GRADUATED:
Undergraduate College:		Yes No
Graduate College:		Yes No
Other (Specify):		Yes No

List any other spoken languages, special courses, office skills, typing speed, experiences or qualifications which you feel would have a bearing on the job you are applying for:

CERTIFICATION (list type of certification)

(1)	(2)	(3)	(4)
-----	-----	-----	-----

PREVIOUS EMPLOYMENT HISTORY

List below all present and previous employment, beginning with your most recent. Please complete below even if information is available on your resume.

1. COMPANY NAME STREET ADDRESS CITY, STATE ZIP PHONE FROM TO RATE OF PAY MONTH YEAR MONTH YEAR POSITION(S) HELD DUTIES REASON FOR LEAVING NAME OF SUPERVISOR TITLE	2. COMPANY NAME STREET ADDRESS CITY, STATE ZIP PHONE FROM TO RATE OF PAY MONTH YEAR MONTH YEAR POSITION(S) HELD DUTIES REASON FOR LEAVING NAME OF SUPERVISOR TITLE
3. COMPANY NAME STREET ADDRESS CITY, STATE ZIP PHONE FROM TO RATE OF PAY MONTH YEAR MONTH YEAR POSITION(S) HELD DUTIES REASON FOR LEAVING NAME OF SUPERVISOR TITLE	4. COMPANY NAME STREET ADDRESS CITY, STATE ZIP PHONE FROM TO RATE OF PAY MONTH YEAR MONTH YEAR POSITION(S) HELD DUTIES REASON FOR LEAVING NAME OF SUPERVISOR TITLE

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO
 IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH FOR US TO CONTACT AND WHY?

PLEASE ADD TWO ADDITIONAL PROFESSIONAL REFERENCES:

(Name)	(Title)	(Phone)
(Name)	(Title)	(Phone)

CONVICTION RECORD

Have you ever been convicted of a felony or misdemeanor, pled guilty or no contest, or received deferred adjudication of a felony? Yes No

If yes, please explain:

Please note: do not include arrests or detentions that did not result in a conviction or a plea. Conviction will not necessarily disqualify an applicant from employment. Consideration will be given to the nature of the crime, the amount of time since the criminal conviction, your employment history, the relationship between the job being applied for and the offense, and any other circumstances or information that would pertain to your employment and the safe and efficient operation of the business.
 NOTE: Under Illinois, Delaware, and Maryland law, an applicant is not obligated to disclose sealed or expunged records of conviction or arrest.

APPLICANT STATEMENT AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with ATI is true, complete and correct. I understand that my information provided by me that is found to be false, incomplete or misrepresented in my respect will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered. I understand that if I am hired my employment shall be considered "at will" and may be terminated by this company at any time without liability for wages or salary except for such as may have been earned at the date of such termination unless or until superceded by specific written employment contract. I also understand that nothing in this application should be considered as an offer of employment by LCM. I acknowledge that if I need reasonable accommodation in either the application process or employment, I should bring it to attention of the Human Resources Department. Confidential Material and Property of LCM.

Date **Signature**