

## JOB APPLICATION

**Kambly Living Center**  
**1003 North Ave., Battle Creek, Michigan 49017**

Kambly Living Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please *fill* out all of the sections below:

### **Applicant** Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available? \_\_\_\_\_

On what date can you begin if hired? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for Kambly Living Center before? Yes No  
If yes, when?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Yes No  
If yes, may we contact your present employer? Yes No

Do you have any friends, relatives, or acquaintances working for Kambly Living Center? If yes, state name & relationship: Yes No

We are licensed to provide adult foster care 24 hours a day, 7 days a week, 52 weeks a year. Working overtime hours may be required on occasion. Are you able to meet this requirement?

Yes No

Are you 18 years of age or older? Yes No

Can you perform the duties of the job in which you wish to be employed with or without accommodation? (Job description attached) Yes No

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Will you consent to a mandatory background check? Yes No

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying.

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**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment (past 10 years)**

**Employer Name:**

Job Title:

Supervisor Name:

Employer Street Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Street Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Street Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed

Reason for leaving:

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and the Kambly Living Center is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, by you or the Kambly Living Center. No representative of Kambly Living Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Director or Administrator.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRE-EMPLOYMENT REFERENCE CHECKS**

I hereby consent for Kambly Living Center to verify the accuracy of all statements contained on this application. I further consent to allow Kambly Living Center to contact any personal reference, past or present supervisor or personnel office from any past employer to ask questions regarding dates of employment, eligibility for re-hire, job performance and other information necessary to determine suitability for employment, with the exception of any current employer that contact is not authorized. I release Kambly Living Center, its representatives and any corporate entity or individuals from whom employment information is requested, from any liability or civil action resulting from said receipt or release of information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EXAMINATION**

If an offer of employment is made, you will be required to successfully complete a medical examination which is given to individuals in the position for which you have applied. This physical examination as well as a TB test will be scheduled and paid for by Kambly Living Center. Information gathered from this evaluation will be kept confidential and disclosed only as lawfully permitted. It will be maintained separate from your personnel file. The medical examination will be related to essential functions of the job for which you have been hired. If your medical condition warrants, we may ask you to apply to become certified as vocationally rehabilitated under Chapter 9 of the Michigan Worker's Compensation Act. If the medical evaluation is not completed within 14 days of hire, then the offer of employment may be withdrawn. I understand and agree to these requirements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECIPIENT RIGHTS**

If an offer of employment is made, you will be required to successfully complete recipient rights training which is given to individuals in the position for which you have applied. Recipient Rights training is provided by Summit Pointe. Kambly Living Center will schedule this class on your behalf. If this training is not completed within 30 days of hire, then the offer of employment will be withdrawn. I understand and agree to these requirements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL REFERENCE

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Applicant name: \_\_\_\_\_

Reference contacted \_\_\_\_\_

Known how long and in what  
capacity? \_\_\_\_\_

Comments re: applicant's abilities to function as Resident Aide:

Opinion of moral character \_\_\_\_\_

Opinion of maturity and judgment \_\_\_\_\_

Any reason NOT to hire the applicant? \_\_\_\_\_



## TELEPHONE REFERENCE CHECK

Name of applicant: \_\_\_\_\_

Company contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Date(s) of employment: \_\_\_\_\_ to \_\_\_\_\_

Title(s): \_\_\_\_\_

How long in last position: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_

### COMMENTS

Quality of work: \_\_\_\_\_

Quantity of work: \_\_\_\_\_

Attendance record: \_\_\_\_\_

Punctuality: \_\_\_\_\_

Ability to get along with peers: \_\_\_\_\_

Supervisory experience: \_\_\_\_\_

Any disciplinary problems: \_\_\_\_\_

Would you rehire? Yes ☐ No ☐

Explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMPLOYEE JOB DESCRIPTION KAMBLY LIVING CENTER**

**Job Title:** Direct Care Aide  
**Supervisor:** Administrator  
**Status:** Full-Time or Part Time; hourly; nonexempt; multiple shifts 7 days/24 hours  
**Interaction:** 30 Residents, management, other staff, parents and guardians

### **Primary Objective:**

Provide daily direct care to ensure they meet the physical, emotional, intellectual and social needs of each resident, consistent with state guidelines and organization procedures and are capable of handling emergency situations.

### **Primary Responsibilities:**

- Distribute individual resident medications as prescribed and assigned.
- Direct care of residents. Socially, emotionally, physically and intellectually.
- Consistently maintain daily log books, document all significant activity & shift duties/tasks.
- Keep management informed of individual resident activities, needs and issues.
- Perform kitchen duties as required for specific shifts.
- Consistently demonstrate a cooperative teamwork relationship with other staff.
- Stay up to date on all required training as per state licensing. CPR, First Aid, TB Test, Blood Borne Pathogens, and Recipient Rights.

### **Occasional Responsibilities:**

- Transport residents to/from outside appointments and activities.
- In the event of an emergency or incident a formal report is completed and management is notified.
- Help develop and improve work procedures and resident programs.

### **Employment Requirements:**

- Willingness to provide compassionate care to residents with physical, intellectual, emotional, and social disabilities.
- Must be comfortable in helping with bathing and personal care.
- Demonstrate maturity and the ability to stay calm in an emergency situation.
- Must meet all licensing and training requirements, maintain reliable attendance, and demonstrate teamwork.
- Be at least 18 years of age.



**Task List:**

1. Help all residents with daily showering and tooth brushing as required for specific shift. Check to see if there are any physical abnormalities and or needs etc. while performing shower.
2. Shaving, cutting of toenails and fingernails as needed.
3. Talk with each resident daily. Emotional & social communication is necessary. Make each resident feel important, that they matter. Activities such as: reading, puzzles or games as time allows.
4. Laundry each shift. Sort, make sure pockets are empty. Do not overload equipment. Clean lint traps on dryers after every load. Use appropriate amount of detergent. Fold clothing and place in resident's basket.
5. Tidying up of resident rooms. Making beds etc. with resident help if able.
6. Housekeeping – Dining rooms & kitchen: Cleaned after each meal.  
Bathrooms: Cleaned, sanitized & stocked every shift and as necessary if problem exists.  
Common areas: Great room, living rooms & hallways should be kept in good condition at all times. Dust, vacuum, clean windows & doors as needed to keep home in “guest ready” condition.

*This job description is not intended to be all inclusive and does not necessarily specify everything required for successful performance of this position. An incumbent may be required to perform additional duties as assigned by the supervisor.*



**Employment Applicant  
Consent and Disclosure**  
Division of Adult Foster Care and  
Home for the Aged Licensing

Part 1 – Consent  
Part 2 – Applicant information  
Part 3 – Disclosure  
Part 4 – Conditional Employment  
Part 5 – Applicant Rights

Effective April 1, 2006, adult foster care and home for the aged facilities cannot employ, independently contract with, or grant clinical privileges (HFA only) to an individual who regularly has direct access to or provides direct services to residents of an adult foster care or home for the aged facility until the facility conducts a background check.

**NOTE:** Throughout this form:

- Clinical privileges only apply to home for the aged facilities.
- Employee includes persons independently contracted with and/or those granted clinical privileges.

An individual who has applied and received a good faith offer of employment, independent contract, or clinical privilege, must give written consent at the time of application for the adult foster care or home for the aged facility to conduct a background check including a criminal history check utilizing the individual's fingerprints. If conditionally employed, the individual must provide a written statement that he or she has not been convicted of a crime within the time frames described in MCL 400.734b and MCL 333.20173a.

**Licensee Name:** \_\_\_\_\_

**Employment Applicant Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility License Number:** \_\_\_\_\_

The AFC or HFA facility:

- a. Shall not knowingly employ a worker, with direct access to or provides direct services to residents, who has been convicted of a disqualifying crime or been the subject of a substantiated finding of patient/resident neglect, abuse, or misappropriation of property by a state or federal agency.\* "Direct access" means regular access to a resident, or to a resident's property, financial information, medical records, treatment information, or any other identifying information.
- b. May terminate the background check or decide not to hire an individual at any stage of this process.
- c. May conditionally employ an individual pending the results of the fingerprint criminal record check, if all registries have been reviewed and fingerprints submitted within 10 days.
- d. Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability for employment.
- e. Must retain verification of compliance with background check requirements in each employee's personnel file and make available for Department review upon request.
- f. Makes the final employment decision.

**Part 1 – Consent to Conduct Background and Criminal Record Checks**

As a condition of being considered for employment:

- a. I consent to the AFC/HFA facility conducting a background check of relevant registries in addition to a fingerprint-based search of state and federal criminal records.
- b. I consent to the release of the above information to the AFC/HFA facility and the state departments of Human Services, Community Health and State Police.
- c. I understand, except for a knowing or intentional release of false information, an AFC/HFA facility has no liability in connection with a background check conducted under MCL 400.734b and MCL 333.20173a, or the release of criminal history record information for the purposes of making an employment decision.
- d. I understand that the AFC/HFA facility makes the final employment decision. I also understand that the AFC/HFA facility may terminate the background check or decide not to hire me at any stage of this process.
- e. I agree to provide the information necessary to conduct a criminal background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Part 2 – This employment applicant information is required to process a complete and accurate criminal record check.**

**EMPLOYEE PERSONAL INFORMATION**

First Name:   
Middle Name:   
Last Name:  Suffix:

**OTHER NAME (S) USED (MAIDEN NAME, ALIAS)**

First Name:   
Middle Name:   
Last Name:  Suffix:   
Date of Birth:  Country of Citizenship:

Place of Birth (City, State/Province):

Height:  Weight:  Hair Color:  Eye Color:  Gender: ☐ Female ☐ Male

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ Other

Social Security Number:

**ADDRESS**

Street Address:   
City:  State:  Zip Code:  County:   
Job Title:  Conditional Hire Date:

**STATE ID/DRIVER'S LICENSE**

Driver's License or State/Canadian ID Number:

**PROFESSIONAL LICENSE(S) /CERTIFICATION(S)**

1. License/Certification Number:
2. License/Certification Number:
3. License/Certification Number:

### Part 3 – Employment Applicant Disclosure Statements

The following crimes may disqualify you from working in an adult foster care or home for the aged facility:

- a. **Relevant Crime Described under 42 USC 1320a-7** is a statutory provision within the Federal Social Security Act which describes a number of crimes for which a conviction will exclude an individual from participation in any federal health care program. The crimes include patient abuse, health care fraud, as well as any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- b. **Felony** – Any felony or an attempt or conspiracy to commit any felony.
- c. **Misdemeanor** – Any state or federal crime that is substantially similar to the misdemeanors described below:
  - Any misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
  - Any misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
  - Any misdemeanor involving criminal sexual conduct.
  - Any misdemeanor involving abuse or neglect, torture, or cruelty.
  - Any misdemeanor involving home invasion.
  - Any misdemeanor involving embezzlement, larceny, fraud, theft or second or third degree retail fraud.
  - Any misdemeanor involving negligent homicide.
  - Any misdemeanor involving the possession, use or delivery of a controlled substance.
  - Any misdemeanor involving the creation, delivery, or possession with intent to manufacture or deliver a controlled substance.

Listed below are all offenses that I have been convicted of, including all terms and conditions of sentencing, parole and probation, and/or any substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

I certify that the above statements are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



#### Part 4 – Conditional Employment

If the AFC/HFA facility determines it necessary to employ me pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check reveals disqualifying information, the statute requires my employment be terminated unless I have successfully appealed the disqualifying information as inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of resident neglect, abuse, or misappropriation of property, I may be found guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. I further understand that as a condition of continued employment, I am required to report to the AFC/HFA facility immediately upon being arraigned on a felony charge or convicted of one or more of the criminal offenses described in MCL 400.734b or MCL 333.20173a, or found “not guilty by reason of insanity,” or subject of a substantiated finding of patient or resident neglect, abuse, or misappropriation of property.\* Reporting of an arraignment is not cause for termination or denial of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### Part 5 – Employment Applicant Rights

- a. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate; it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- b. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if a conviction contained in the criminal history record is expunged or set aside, I have the right to file an appeal to the Department of Human Services.

**NOTE:** If requested by the applicant, the AFC/HFA facility can provide a copy of any disqualifying information found on any relevant registry.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\* This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or the Adult Protective Services Act.