

MMI Residential Employment Application

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City _____ State _____ Zip Code _____ Phone _____

Date Of Birth: _____ Email Address: _____

How did you hear about MMI Residential?

Are you at least 18 years of age? Yes No

If hired, can you show proof of legal authorization to work in the United States? Yes No

Desired Pay Rate/Salary: _____

Desired work status:

Full Time

Part Time

Temporary

PRN Hours

Work Schedule Desired?

Days Evenings Nights Open Weekends

Dave Available to start work: _____

After Reviewing the Job Description, is there anything that would interfere with your ability to perform the duties described in the description satisfactorily?

MMI Residential Employment Application

Yes No

Have you ever been convicted of, or pled guilty or no contest to, a felony, misdemeanor or ordinance violation other than a minor traffic violation or been given a deferred adjudication?

Yes No

If yes, please state the nature of the offense and if and how it was resolved:

Have you ever had a substantiated abuse and neglect charge in your employment history involving people with developmental disabilities or in another field similar to ours?

Yes No

Have you ever been terminated from an employer due to performance?

Yes No

If yes, please explain:

Education /Certifications

School	Name and location of school	Year Completed	Graduate	Course of Study
High School	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
College	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Other Education	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

List any special activities, training, experience or certification that you may have that you believe would be valuable to MMI Residential.

MMI Residential Employment Application

Are you listed on a Certified Nurse Aide Registry in any State? Yes No State: _____

Professional References: (Please list at least three, NOT related)

Name of Reference	Address	Telephone	Relationship

Employment History:

Company Name:	Telephone#:
Address:	Month & Year employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: Beginning: _____ Ending: _____
Job Title & Duties Performed:	Reason for Leaving or change:
Comments:	May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

MMI Residential Employment Application

Company Name:	Telephone#:
Address:	Month & Year employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: Beginning: _____ Ending: _____
Job Title & Duties Performed:	Reason for Leaving or change:
Comments:	May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

Company Name:	Telephone#:
Address:	Month & Year employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: Beginning: _____ Ending: _____
Job Title & Duties Performed:	Reason for Leaving or change:
Comments:	May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

Company Name:	Telephone#:
Address:	Month & Year employed From: _____ To: _____

MMI Residential Employment Application

Name of Supervisor:	Rate of Pay: Beginning: _____ Ending: _____
Job Title & Duties Performed:	Reason for Leaving or change:
Comments:	May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

Company Name:	Telephone#:
Address:	Month & Year employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: Beginning: _____ Ending: _____
Job Title & Duties Performed:	Reason for Leaving or change:
Comments:	May we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

By signing below, I certify that all above information is accurate to the best of my knowledge. I understand that my Employment Application will remain on file for one year. I also understand that this application does not guarantee employment. I give permission to MMI Residential to complete a criminal history check as per state requirements.

Applicant Signature

Date