Please email completed application to: **Megan@mm-abilities.org** or mail to Megan Moore-Stevens

 1715 Stringtown Pike, Cicero, IN 46062

**Personal Information:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alias Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Work Schedule Desired?

 ❑ Full Time ❑ Days ❑ Evenings ❑ Nights ❑ Open ❑ Weekends

 ❑ Part Time

 ❑ Temporary

 ❑ PRN Hours

Date 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?

❑ 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? Are there any pending charges or allegation brought against you in a court of law?

❑ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ❑yes ❑no \_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ❑yes ❑no \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ ❑yes ❑no \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**Employment History:**

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| --- | --- |
| Company Name:  | Telephone#:  |
| Address:  | Month & Year employedFrom: \_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_ |
| Name of Supervisor:  | Rate of Pay: Beginning: \_\_\_\_\_\_\_\_\_\_ Ending:\_\_\_\_\_\_\_\_\_ |
| Job Title & Duties Performed:  | Reason for Leaving or change:  |
| Comments:  | May we contact this Employer❑ Yes ❑ No If no, when may we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Company Name:  | Telephone#:  |
| Address:  | Month & Year employedFrom: \_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_ |
| Name of Supervisor:  | Rate of Pay: Beginning: \_\_\_\_\_\_\_\_\_\_ Ending:\_\_\_\_\_\_\_\_\_ |
| Job Title & Duties Performed:  | Reason for Leaving or change:  |
| Comments:  | May we contact this Employer❑ Yes ❑ No If no, when may we contact this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Company Name:  | Telephone#:  |
| Address:  | Month & Year employedFrom: \_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_ |
| Name of Supervisor:  | Rate of Pay: Beginning: \_\_\_\_\_\_\_\_\_\_ Ending:\_\_\_\_\_\_\_\_\_ |
| Job Title & Duties Performed:  | Reason for Leaving or change:  |
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| --- | --- |
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|  |  |
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| Comments:  | May we contact this Employer❑ Yes ❑ 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**

Please email completed application to: **Megan@mm-abilities.org** or mail to Megan Moore-Stevens

 1715 Stringtown Pike, Cicero, IN 46062