

# TRAINING & TREATMENT INNOVATIONS, INC.

1225 E. Big Beaver Road, Troy, MI 48083  
 Phone (248) 524-8801 Fax (248) 524-8875

## APPLICATION FOR EMPLOYMENT

Training & Treatment Innovations, Inc. (TTI) is an equal opportunity employer. It is the policy of TTI not to discriminate on the basis of race, sex, religion, national origin, sexual orientation, marital status, age, weight, height, color or disability, in the hiring, promotion, payment or discipline of employees. If you are a person with a disability, you may request any needed, reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make reasonable accommodations.

<b>PERSONAL INFORMATION</b>					
First Name _____ Middle Initial _____ Last Name _____			Primary Telephone Number (Include area code)  Home <input type="checkbox"/> Cell <input type="checkbox"/>		
Home Address _____ City _____ State _____ Zip+4 Digits _____			Alt. Telephone Number (Include area code)  Home <input type="checkbox"/> Cell <input type="checkbox"/>		
Position Applied For:  _____		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Hours: <input type="checkbox"/> Early Morning <input type="checkbox"/> Days <input type="checkbox"/> Afternoon <input type="checkbox"/> Midnights <input type="checkbox"/> Weekends	
Date Available _____ Starting Salary _____		Social Security Number _____		Are you over the age of 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____			How were you referred to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> If yes, who? _____ Ad <input type="checkbox"/> Other _____		
Have you ever been charged with abuse or neglect by a Federal State, Local Government, court or agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____			Has there ever been a Recipient Rights Violation Claim Filed against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Was it substantiated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any felony or misdemeanor charges pending against you? If yes, please explain. _____ Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been convicted of Medicaid Fraud? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a US citizen or are you authorized by the INS to Work in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been denied Bond? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>EMPLOYMENT DESIRED</b>					
Have you applied for employment here before? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____		Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____		If so, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to travel up to 25 miles from your Home to your work site? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you currently laid off or on leave From another company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>EDUCATION</b>					
Name of School	Location City State	Main Course of Study	Did you graduate?	Grade Average	Degree Earned
List any scholastic honors received and offices held while in school and all applicable skills and trainings.					
Are you planning to pursue other studies? Yes <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> No <input type="checkbox"/> If so, where and what course of study? _____					
Current Licensure/Certification:		License Number:		State Issued: License Expiration Date:	

## EMPLOYMENT HISTORY

List all employment for the past ten (10) years, starting with present job. Please include military experience.  
If you need additional space, please attach information to application.

Company Name	Specific Duties
Street Address	Telephone Number (Include area code)
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
Company Name	Specific Duties
Street Address	Telephone Number (Include area code)
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
Company Name	Specific Duties
Street Address	Telephone Number (Include area code)
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
Company Name	Specific Duties
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City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate
Company Name	Specific Duties
Street Address	Telephone Number (Include area code)
City and State	Reason for leaving
Job Title	Dates Employed
Supervisor	Salary/Hourly Rate

### DRIVING EXPERIENCE

Do you have a valid Michigan Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of License	Type of Auto Insurance
License # _____ Exp. Date _____		<input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Chauffeur	<input type="checkbox"/> Full Cover age <input type="checkbox"/> PLPD
Have you ever had your Driver's License suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		Have you ever been involved in an automobile accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
<b>EMERGENCY CONTACT</b> (In case of an emergency, please notify nearest living relative)			
Name	Relationship	Phone Number	
Address			
<b>EMPLOYMENT LIMITATIONS</b>			
Is there any circumstance or physical condition which might limit your ability to perform the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

### PLEASE READ BEFORE SIGNING

**INITIAL next to each statement, verifying that you have read and agree to the terms of this application.**

\_\_\_\_\_ I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

\_\_\_\_\_ I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I also authorize Training & Treatment Innovations, Inc. to investigate my background relating to employment at this agency. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event I am chosen for employment with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

\_\_\_\_\_ I understand that if my position requires professional licensure, (i.e. LMSW, LLMSW, LBSW, LLBSW, LPC, LLPC, etc.) I acknowledge that it is my responsibility to maintain an unexpired, valid license at all times during my employment with Training & Treatment Innovations, Inc.

\_\_\_\_\_ In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment, a valid Michigan driver's license, proof of vehicle insurance and registration, a copy of my social security card, certified copy of educational credentials, copies of state licensure (if applicable), and a copy of a negative TB test.

\_\_\_\_\_ I agree that should an offer of employment be extended, that I shall be bound by the policies, rules, regulations and conditions of employment of Training & Treatment Innovations, Inc. I further acknowledge that the agency policy and a procedure manual is available for my review and is maintained in the office of my supervisor.

\_\_\_\_\_ I further understand and agree that my employment is for no definite period of time and may, regardless of the day of payment of wages or salary, be terminated for any reason and at any time without previous notice. Training & Treatment Innovations, Inc. is an "At Will Employer".

I hereby acknowledge that I have read and understand the above statements.

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



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**PROFESSIONAL EMPLOYMENT REFERENCE COVER SHEET**

Applicant's Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_

I give my permission to Training & Treatment Innovations, Inc. to receive complete employment information as requested from the people or agencies that I have listed below. I understand that this information is strictly confidential, and that by signing this form, I waive my right to the information provided by these references.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please list three (3) **PROFESSIONAL** references below including their full name and title, address, city, state, zip code and current phone number. If your reference would like to be contacted via email, please provide their preferred email address.

Name & Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (      ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (      ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (      ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**REFERENCE EVALUATION**

I give my permission to Training & Treatment Innovations, Inc. to receive complete employment information as requested from those people or agencies that I have listed on my application for employment/reference section as references. I understand that this information is strictly confidential, and that by signing this form, I waive my right to the information provided on this evaluation.

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

Date: \_\_\_\_\_

**Evaluator: Please complete all areas below.**

1. How long have you known this applicant? \_\_\_\_\_

2. In what capacity have you known this applicant? \_\_\_\_\_

3. Please give your appraisal of the applicant on each of the following with a check mark:

	Outstanding	Very Good	Satisfactory	Poor
A. Leadership	_____	_____	_____	_____
B. Working relationship with Other professionals	_____	_____	_____	_____
C. Skill working with people	_____	_____	_____	_____
D. Openness to change & new ideas	_____	_____	_____	_____
E. Concern for the needs of others	_____	_____	_____	_____
F. Performance under stress or during Crisis time	_____	_____	_____	_____
G. Judgment in decision making	_____	_____	_____	_____
H. Oral Communication skills	_____	_____	_____	_____
I. Written communication skills	_____	_____	_____	_____
J. Creativity	_____	_____	_____	_____
K. Integrity	_____	_____	_____	_____
L. Reliability	_____	_____	_____	_____
M. Resourcefulness	_____	_____	_____	_____
N. Ability to be a team player	_____	_____	_____	_____

What do you see to be this applicant's greatest strengths? \_\_\_\_\_

Please add any pertinent comments which will assist in assessing the applicants' probability of success with our program: \_\_\_\_\_

If you are unable to provide the requested information please list dates of employment and whether your agency would or would not re-hire this individual: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this evaluation

\_\_\_\_\_  
Date

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Date: \_\_\_\_\_

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B. Working relationship with Other professionals	_____	_____	_____	_____
C. Skill working with people	_____	_____	_____	_____
D. Openness to change & new ideas	_____	_____	_____	_____
E. Concern for the needs of others	_____	_____	_____	_____
F. Performance under stress or during Crisis time	_____	_____	_____	_____
G. Judgment in decision making	_____	_____	_____	_____
H. Oral Communication skills	_____	_____	_____	_____
I. Written communication skills	_____	_____	_____	_____
J. Creativity	_____	_____	_____	_____
K. Integrity	_____	_____	_____	_____
L. Reliability	_____	_____	_____	_____
M. Resourcefulness	_____	_____	_____	_____
N. Ability to be a team player	_____	_____	_____	_____

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Signature of person completing this evaluation \_\_\_\_\_

Date \_\_\_\_\_