



STUART T. WILSON CPA, PC

Fiscal Intermediary

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Application for Employment

Participant: _____ Position applied for: **Provider of Care Services**

Date of application ____/____/____ Date available to begin work: ____/____/____

Name: _____ Social Security #: _____ - _____ - _____

Address: _____ City: _____ State: MI

Telephone #: _____ email: _____

Are you legally eligible for work in this country? Yes No

Have you ever been employed here before? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide details

Would you sign an agreement to a Criminal Background Check? Yes No

Do you possess a valid state Driver's License? Yes No

Employment History

Please provide the following information of your past (3) employers

1: From ____/____/____ to ____/____/____ Employer: _____

Telephone # _____ Job Title: _____ Supervisor: _____

Address: _____

Nature and responsibilities of work: _____

Reason for leaving: _____

2: From ____/____/____ to ____/____/____ Employer: _____

Telephone # _____ Job Title: _____ Supervisor: _____

Address: _____



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Nature and responsibilities of work: _____

Reason for leaving: _____

3: From ____/____/____ to ____/____/____ Employer: _____

Telephone # _____ Job Title: _____ Supervisor: _____

Address: _____

Nature and responsibilities of work: _____

Reason for leaving: _____

Trainings and Qualifications

Summarize any trainings and/or certifications that you currently have that may qualify you to be able to perform the position that you applied for.

References

Name	Telephone	# years known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any 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 expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of or excusing any applicant for consideration for employment on a basis prohibited by applicable local, state or federal law.



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If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for my employment for any specified period of time or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements to the contrary to the forgoing express language are valid unless they are in writing and signed by the employer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing applicant statement

Signature of applicant: _____ Date: ____/____/____



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Criminal Background Check Authorization Form

Do not provide any services prior to authorization.

You will not be paid for any time worked prior to a clear criminal background check and the completion of required training.

Employer (Participant): _____ Organization/Agency: _____

Employee Full Name: _____

Previous Names Used (Include maiden name): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License #: _____

Social Security #: _____ Phone #: _____

You MUST include a copy of your Driver's License or State ID with this form.

I authorize the release of my criminal background information and driving record to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Furthermore, I acknowledge that I am required to notify Stuart T. Wilson CPA, PC as soon as possible, but no later than the next business day, if I have been convicted of any crime.

Signature

Date

Results are released to the participant/guardian or case manager.

For results contact:

Participant/Guardian Name: _____

Phone #: _____ Email: _____

or

Case Manager: _____

Phone #: _____ Email: _____