



Blue Water Community Action...

*Helping People.
Changing Lives.*

Application For Employment

Blue Water Community Action is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, religion, color, national origin, age, marital status, height, weight, sex, marital status, sexual orientation, veteran status, or disability.

Position(s) Applied For:	Date of Application:
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Last Name:	First Name:	Middle Name:	Email Address:
Address:			Telephone Number:

Yes	No	
		If you are under 18 years of age, can you provide required proof of your eligibility to work?
		Can you travel if a job requires it?
		Have you ever filed an application with us before?
		Have you ever been employed with us before? If yes, give date _____
		Do any of your friends or relatives work here?
		Are you currently employed?
		May we contact your current employer?
		Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?
		Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?
		Were you referred by a staff member? If so, who? _____

Date available to work:	What is your desired income:	Hours available to work:
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EDUCATION

	Name of School	Course of Study	Number of Years Completed	Degree Awarded
High School				
College/University				
Other				

Certifications Received:

EMPLOYMENT EXPERIENCE

Please start with your present or most recent employer.

Current/Most Recent Employer:	Job Title:	Starting Date:	Ending Date:	Ending Salary:
Employer Address:	Employer Phone Number:	Supervisor:	Reason for Leaving:	
Describe Job Responsibilities:				

Employer:	Job Title:	Starting Date:	Ending Date:	Ending Salary:
Employer Address:	Employer Phone Number:	Supervisor:	Reason for Leaving:	
Describe Job Responsibilities:				

Employer:	Job Title:	Starting Date:	Ending Date:	Ending Salary:
Employer Address:	Employer Phone Number:	Supervisor:	Reason for Leaving:	
Describe Job Responsibilities:				

Employer:	Job Title:	Starting Date:	Ending Date:	Ending Salary:
Employer Address:	Employer Phone Number:	Supervisor:	Reason for Leaving:	
Describe Job Responsibilities:				

United States Military Experience:

Other Qualifications:

If you need additional space, please continue on a separate sheet of paper.

PERSONAL REFERENCES:

Please list 3 references.

Name:	Relationship:	Phone Number:	Email Address:
Address:			

Name:	Relationship:	Phone Number:	Email Address:
Address:			

Name:	Relationship:	Phone Number:	Email Address:
Address:			

<p>I certify that answers given herein are true and complete,</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>	
_____ Signature of Applicant	_____ Date

Blue Water Community Action

New Hire Criminal Check Release

A search of your background will be conducted before you are hired for a position with the Blue Water Community Action. The information you provide below will be used to complete that check. All information will be kept confidential. Complete complete all information requested.

Name: _____ Maiden: _____
Last First Middle Initial

Address: _____ City _____ Zip Code _____
Street

Phone: _____ Other Phone: _____

Driver License #: _____ State Issued: _____

Date of Birth: _____ / _____ / _____ Sex: Male:
Female:

Marital Status: Single: National Origin: Black:
Married: White:
Divorced: Native American:
Widowed: Hispanic:
Pan Islander:
Other: _____

Have you resided in any other state beside Michigan in the last 10 years? Yes _____
No _____

If so, what state(s)? _____

List all other names known by:

Last First Middle Initial

Last First Middle Initial

I hereby authorize the Blue Water Community Action use of the information provided to perform a search of my history regarding criminal actions.

Signature _____ Date _____

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization Blue Water Community Action	Name of Requester Amy Burns		
Address 3403 Lapeer Road	City Port Huron	State MI	Zip Code 48060
Email aburns@bwcaa.org	Fax 810-982-7233	Phone Number 810-982-8541	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

The Child Care Background Check Program is specifically for the comprehensive background check of licensed child care providers in the state of Michigan. The system will be used by:

- Licensed Family Child Care Homes
- Licensed Group Child Care Homes
- Licensed Child Care Centers
- Michigan Department of Education (License Exempt Facilities)

The following individuals connected to a licensed child care provider must have a comprehensive background check, including FBI fingerprints:

- Applicants/licensees.
- Licensee designees.
- Program directors.
- Child care staff members.
- Unsupervised volunteers.
- Adult household members in child care homes.

Refusal to submit to this comprehensive background check will result in being found ineligible to hold one of the above roles in a licensed child care facility within the State of Michigan. Falsifying, omitting, or failing to provide complete information in connecting with a comprehensive background check will also result in the individual being found ineligible.

Child Care Provider (this section is to be completed by the Child Care Provider)

Licensee Name: _____

Facility Name(s): _____

Facility License Number(s): _____

Name of Individual to be Background Checked: _____

The child care provider:

- Must not knowingly employ or allow an individual to have unsupervised access to children in care if that individual has been convicted of a disqualifying crime or is listed on a disqualifying registry.
- Must ensure that the individual has been fingerprinted and found eligible prior to allowing the individual to work in the child care facility, move into the home, and/or have unsupervised access to children.
- May terminate the background check and/or decide not to hire the individual at any stage of the process.
- Must ensure that any background check information provided will only be used for the purpose of determining an individual's ability to be connected with a child care program.
- Must retain a copy of the signed Consent and Disclosure form on file** at the child care facility.
- Must ensure that all individuals entered into the system for their facility meet the requirements for the comprehensive background check as outlined above.
- Must make the final decision regarding whether the individual is connected with the child care facility.

Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for licensing, employment, or connection with a child care facility:

- a. I hereby consent to and authorize the Department of Licensing and Regulatory Affairs to conduct a comprehensive background check that includes 1) a review of the licensing database of individuals with previous disciplinary action under PA 116 as Amended, or an adult foster care facility; 2) a search of the individual through the national and state sex offender registries; 3) a search of the individual through all state criminal registries or repositories for any states of residence in the past five years; 4) a request that the Department of State Police perform a criminal history check on the individual; 5) a search of the child abuse and neglect registry for Michigan and any states of residence in the past five years.
- b. I understand that refusing to complete the comprehensive background check or knowingly providing false information in connection with a background check will result in me being found ineligible.
- c. I understand that the child care provider will make the final decision regarding whether I am connected with the child care facility. I also understand that the child care facility may terminate the background check or decide not to allow me to be connected with the child care facility at any stage in the process.
- d. I understand that if the provider withdraws me from the Child Care Background Check (CCBC) System, the department will stop processing my comprehensive background check; requiring a new background check upon being re-entered into the CCBC System.
- e. I agree to provide all the information necessary to conduct a complete comprehensive background check including but not limited to all additional names I have used.

Privacy Act Statement:

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information /biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to Obtain a Change, Correction, or Update of Identification Records: If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34).

To challenge or correct an In State record the subject may contact the Michigan State Police directly at (517) 241-0606 or by email at MSP-CRD-APPLHELP@michigan.gov. He/she should provide their name, method of contact, and reason behind the challenge/correction request.

Consent: I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

Part 2 – Disclosure Statements (applicant disclosure)

Convictions for certain crimes and/or being listed on certain registries will make an individual ineligible to be employed at or connected to a child care facility. For more details on the convictions or registries, go to www.michigan.gov/ccbc.

Listed below are all offenses that I have been convicted of and/or a substantiated finding of child abuse and/or neglect. (Attach additional sheets if necessary).

Offense	Date of Conviction/Finding	City	State

I certify that the above statements are correct and complete to the best of my knowledge and that failure to provide accurate information will result in a determination of ineligible.

Signature of Individual to be Background Checked

Date

Part 3 – Final Employment and/or Connection with a Child Care Facility & Reporting Requirements

After a determination of eligible:

- a. I understand that if I am a child care licensee, licensee designee, or program director, I shall report to the department within 3 business days after I have been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- b. I understand that if I am a child care staff member, I shall report to the child care facility within 3 business days after I have been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- c. A child care licensee, licensee designee, or program director shall report to the department within 3 business days after receiving a report from a child care staff member under subsection (b) or knows or reasonably knows that a member of the household has been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- d. If I fail to report an arraignment or conviction of a crime listed in MCL 722.115r and the crime involved in the violation is a misdemeanor that is a listed offense or is a felony, I am guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both.
- e. If I fail to report an arraignment or conviction of a crime listed in MCL 722.115r and the crime involved in the violation is a misdemeanor that is not a listed offense, I am guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both.

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

Applicant's Signature

Date

Part 4 – Individual Rights

- a. I understand that upon my written request, the department will provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. 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.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs.

Applicant's Signature

Date

THIS FORM MUST BE MAINTAINED IN THE APPLICANT'S FILE AND SHALL BE MADE AVAILABLE TO THE CHILD CARE LICENSING DEPARTMENT UPON REQUEST.

If you are concerned about maintaining personal information in the file, you may only black out the following information as all additional information is required by Michigan State Police:

- **Social Security Number**
- **Address**
- **Driver's License Number**
- **Telephone Number**
- **Email Address**
- **Prior Residency Information.**

Part 5 – Applicant Information. This information is required to process a complete comprehensive background check. As the comprehensive background check includes name-based searches of registries, you must include all aliases.

Individual Information: Social Security Number: _____ Date of Birth: _____

Facility and Role

Facility Name _____ Role Applicant/Licensee Program Director
 Licensee Designee Adult Household Member
 Child Care Staff Volunteer/Individual with
Contractual/Self-Employed Unsupervised access to children

Personal Information (Legal Name). All aliases must be listed. Omitting or providing false information below will result in a determination of ineligible.

First _____ Middle _____ Last _____ Suffix _____
Add All Maiden/Aliases _____

Place of Birth (State or Country) _____ Country of Citizenship _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Gender Male Female Race _____

Address

Country _____ Address _____
City _____ State/Province _____ Zip _____ County _____

Driver's License or State Identification/Phone/E-mail address

Drivers/ID Number _____ State Issued _____
Phone Number _____ Email _____

Residency

Did applicant continuously reside in Michigan within the last five years? Yes No If No, you must complete previous addresses

Previous address (use additional paper, if applicable)

Date of Residency To _____ From _____
Country _____ Address _____
City _____ State/Province _____ Zip _____ County _____

Previous address

Date of Residency To _____ From _____
Country _____ Address _____
City _____ State/Province _____ Zip _____ County _____