

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

ICHANGE
913 W. Holmes Rd. Suite 160
Lansing, Michigan 48910

CONTRACTING WITH ICHANGE APPLICATION CONSIDERATION REQUEST FORM

PLEASE COMPLETE PAGES 1-9
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Date of Birth _____

If under 18, please list age _____

Position applied for _____ Days/hours available to work
Salary desired _____ No Prefer _____ Thur _____
(Be specific) Tue _____ Fri _____
Wed _____ Sat _____
Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Have you lived in Michigan for at least five (5) years? Yes No

If no, please list the states that you have resided: _____ How long? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the **Independent Contractor Therapist** position.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR CONSIDERATION

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	CONSIDERATION dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	CONSIDERATION dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR CONSIDERATION

Work experience Please list your clinical experience for the **past five years** beginning with your most recent position held. If you were self-employed or volunteered give agency name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	CONSIDERATION dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No
 Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ICHANGE (Hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of CONSIDERATION relationship for this position, there are no benefit plans, policy statements, and the like as the Company practices, shall create an actual Service Agreement between it and the undersigned, and that relationship cannot be altered except by a signed written instrument from the Company. Both the undersigned and ICHANGE may end the contracted relationship as outlined in the service agreement. If selected, I understand that this application is for consideration as an Independent Contractor Therapist-.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition for consideration to be contracted with ICHANGE; and (3) continue being an **Independent Contractor Therapist for ICHANGE is based on the successful passing of testing under such policy.**

I further understand that my employment with the Company shall be on a contractual bases only.

Signature of applicant _____ **Date:** _____

ICHANGE is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

ICHANGE

Reference Release Form

I HEREBY AUTHORIZE ICHANGE TO VERIFY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS/CURRENT EMPLOYER.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY ICHANGE PERSONNEL FOR VERIFICATION OF PREVIOUS/CURRENT EMPLOYER BY EITHER:

() PHONE INTERVIEW OR () MAILING TO EMPLOYER.

EMPLOYER NAME:

TELEPHONE #:

DATES OF EMPLOYMENT:

POSITION(S) HELD:

IS APPLICANT ELIGIBLE FOR REHIRE? _____ YES _____ NO

COMMENTS:

SIGNATURE _____ DATE _____

TITLE _____ AGENCY _____

ICHANGE

Reference Release Form

I HEREBY AUTHORIZE ICHANGE TO VERIFY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS/CURRENT EMPLOYER.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY **ICHANGE** PERSONNEL FOR VERIFICATION OF PREVIOUS/CURRENT EMPLOYER BY EITHER:

PHONE INTERVIEW OR MAILING TO EMPLOYER.

EMPLOYER NAME:

TELEPHONE #:

DATES OF EMPLOYMENT:

POSITION(S) HELD:

IS APPLICANT ELIGIBLE FOR REHIRE? YES NO

COMMENTS:

SIGNATURE _____ DATE _____

TITLE _____ AGENCY _____

ICHANGE Availability Form

Please complete this form to help us determine the best schedule and location for you and your client.

1. List all languages you can speak, read, or write including sign language:

2. Are there specific conditions in which you would feel uncomfortable working?

Please explain:

3. What hours and days can you work? Be specific: _____

4. Total hours requested per week: _____

5. If you are currently employed, please list your work schedule (shift, days, etc):

6. How far are you willing to travel to work with a client? _____

7. Do you have reliable transportation? yes no

8. Are you willing to transport a client, if needed? yes no

9. Are you willing to work multiple clients? yes no

10. Are you willing to work on an as needed basis? yes no

11. Additional information you feel would be helpful: _____
