



Central State Community Services

Thank you for your interest in Central State Community Services. To proceed with your application, we kindly ask you to complete the attached form. Please ensure that all information provided is accurate and matches your legal documents.

To ensure consistency and compliance with legal requirements, we request that you fill out the form using your full legal name as it appears on your official identification documents (e.g., driver's license, passport, birth certificate).

If you have any questions or need clarification on any part of the form, please don't hesitate to reach out to us at hrteam@cscsmi.com.

Thank you for your cooperation.

First Name

Last Name

Other Names Used

Today's Date

Email *

Phone
Address
Apt./ Lot Number
City
State
Zip Code
County of Residence
Social Security Number
Birthdate
Height
Weight
Hair Color
Eye Color
Gender at birth * ▼

In order to maintain accurate records and ensure that our workplace policies and programs meet the requirements of the State of Michigan, we ask that you provide your gender at birth. Please note that this information will be kept confidential and will only be used for internal purposes related to human resources and diversity initiatives.

Ethnic Background * ▼

Central States is committed to fostering an inclusive workplace environment that celebrates diversity. As part of our ongoing efforts to promote diversity and equality, we invite you to voluntarily self-identify your race or ethnicity. This information will be used solely for internal purposes and will not affect your employment status in any way. Please select the option(s) that best represent(s) your racial or ethnic identity from the following choices

Other- Please Specify

Have you worked in long term care prior to April 1, 2006?

- Yes
- No
- Not Sure

Have you lived in Michigan for the past twelve (12) months?

- Yes

- No

Occupation Applying For:

Professional License/Certification Number

Candidate's Signature

Today's Date

Phone

Submit