



EDUCATION AND TRAINING CONNECTION COUNTY CONNECTION OF MIDLAND APPLICATION FOR AT-WILL EMPLOYMENT

(PLEASE PRINT PLAINLY)



The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

PERSONAL

Date _____

Name _____
Last First Middle In.

Social Security No. _____

Present Address _____
Number Street

_____ Telephone No. () _____
City State Zip Code Area

EMPLOYMENT DESIRED

Positions(s) applied for 1. _____ Rate of pay expected \$___ per _____
 2. _____ Rate of pay expected \$___ per _____

Do you want to work Full-time? Part-time?

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications that you feel would especially fit you for work with the Company? _____

PHYSICAL RECORD

Can you perform the essential functions of the job for which you are applying? _____

Employers must make accommodations to disabled applicants and employees where the accommodations do not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual.

REFERENCES (Three individuals not related to you, whom you have known for at least 1 year)

Name and Occupation	Address	Phone

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Date of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

EDUCATION RECORD

School	Name of School With Dates of Attendance	Course of Study	Did You Graduate?	List Diploma or Degree
High			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any current certifications and/or endorsements you possess: _____

TO THE APPLICANT: PLEASE ANSWER THE FOLLOWING QUESTIONS.

- Are you 18 years or older? Yes No
- Have you ever been convicted of a crime? Yes No
 If yes, please state citation, date, place where offense occurred. _____

- Have you lived in any states other than Michigan? Yes No
 If yes, please list _____
- Have you tested positive and/or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied but did not obtain, safety-sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past two years? Yes No (safety sensitive positions only)
- Are you highly qualified to teach in a core academic area? Yes No (education staff)
 If yes, which core academic area(s)? _____

PRIOR WORK HISTORY (Current or most recent employer first)

Dates From To		Name and Address Of Employer	Rate of Pay Start Finish		Supervisor's Name and Title	Reason for Leaving
Last position held/responsibilities:						

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Last position held/responsibilities:						

May we contact the employers listed above? If not, indicate which one(s) you do not wish to contact.

Person to be Notified in Case of Accident or Emergency

Name _____ Phone Number _____
Address _____ Alt. Phone Number _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company would be based only on your merit and on no other consideration.

List previous last names _____

Drivers License No. _____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

AGREEMENTS:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

"I agree that any action or suit against the Company, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post offer physical are known."

STATEMENT BY APPLICANT: I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not. I also release them and their company, from any liability for any damage whatsoever for issuing same.

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge. It is agreed that any misrepresentations by me, in this application, will be sufficient cause for its cancellation or for dismissal from the Company if I am employed.

DATE _____ SIGNATURE _____

4/21/2011