

# **Application for Employment**

## Submit to: Human Resources 5123 Old Plank Road • Onondaga, MI 49264 jobs@highfields.org

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

| Full Name  |                                   |            |                | Date of a       | pplication |  |
|--|-----------------------------------|------------|----------------|-----------------|------------|--|
| Address  |                                   | City       |                | State           | ZIP Code   |  |
| Telephone #  | Mobile/ Other #                   |            | E-mc           | iil Address     |            |  |
| Position(s) applied for  |                                   | Referr     | al Source (How | did you hear al | bout us?)  |  |
| Have you ever been employed h  | nere before? If <b>yes</b> , give | e dates ar | nd positions   |                 | Yes 🗆 No   |  |
| Are you legally eligible for emplo   | yment in this country?            |            |                |                 | ☐ Yes ☐ No |  |
| Date available for work  | What is you                       | ır desired | salary range?  |                 |            |  |
| Type of employment desired:  | □ Full-time □ P                   | art-time   | □ Temporar     | y 🗆 Volunta     | ry         |  |
| Driving may be required in the position for which you are applying. Do you have a valid license? |                                   |            |                |                 |            |  |
| f <b>yes</b> , please provide date(s) and details  |                                   |            |                |                 |            |  |
|  |                                   |            |                |                 |            |  |
| Educational Background   |                                   |            |                |                 |            |  |

Starting with your most recent school attended, provide the following information:

| School (include City & State) | Years<br>Completed | Completed  | Major/Minor |
|-------------------------------|--------------------|--|-------------|
|                               |                    | □ Diploma □ GED □ Degree □ Certification □ Other |             |
|                               |                    | □ Diploma □ GED □ Degree □ Certification □ Other |             |
|                               |                    | □ Diploma □ GED □ Degree □ Certification □ Other |             |

## **Employment History**

|  | t employer, provide the f              |  |  |  |  |
|--|--|--|--|--|--|
| Employer   | Teleph                                 | none #                                   | Dates employed:                          |  |  |
| Street Address   | City                                   | State                                    | Compensation (starting)                  |  |  |
| Starting job title/Final job title                       |  |  | □ Hourly □ Salary \$ per                 |  |  |
| Immediate supervisor and title                           |  | May we contact?                          | Compensation (Final)                     |  |  |
| Why did you leave?                                       |  |  | □ Hourly □ Salary \$ per                 |  |  |
| Summarize the type of work per                           | formed and job responsibili            | ties:                                    | Commission/Bonus/Other Compensation \$   |  |  |
| What did you like most about yo                          | our position?                          |  |  |  |  |
| What were the things you liked I                         | least about the position?              |  |  |  |  |
| Employer   | Teleni                                 | none #                                   | Dates employed:                          |  |  |
| Street Address   | City                                   | State                                    | Compensation (starting)                  |  |  |
| Starting job title/Final job title                       |  | 01010                                    | ☐ Hourly ☐ Salary \$ per                 |  |  |
| Immediate supervisor and title                           |  | May we contact?                          | Compensation (Final)                     |  |  |
| Why did you leave?                                       |  | may no comacn                            | ☐ Hourly ☐ Salary \$ per                 |  |  |
| Summarize the type of work per                           | formed and job responsibili            | ities:                                   | Commission/Bonus/Other Compensation \$   |  |  |
| What did you like most about yo                          | our position?                          |  |  |  |  |
| What were the things you liked I                         | least about the position?              |  |  |  |  |
| Employer   | Toloni                                 | 2000 #                                   | Datas amplayed                           |  |  |
| Employer Street Address                                  | City                                   | none #<br>State                          | Dates employed:  Compensation (starting) |  |  |
|  | City                                   | Sidle                                    |  |  |  |
| Starting job title/Final job title                       |  | May wa contact?                          | ☐ Hourly ☐ Salary \$ per                 |  |  |
| Immediate supervisor and title                           |  | May we contact?                          | Compensation (Final)                     |  |  |
| Why did you leave? Summarize the type of work per        | ☐ Hourly ☐ Salary \$ per               |  |  |  |  |
| 3011111alize lile type of work per                       | Commission/Bonus/Other Compensation \$ |  |  |  |  |
| What did you like most about yo                          | our position?                          |  |  |  |  |
| What were the things you liked I                         |  |  |  |  |  |
| Employer   | Teleph                                 | none #                                   | Dates employed:                          |  |  |
| Street Address   | City                                   | State                                    | Compensation (starting)                  |  |  |
| Starting job title/Final job title                       |  | 0.0.0                                    | ☐ Hourly ☐ Salary \$ per                 |  |  |
| Immediate supervisor and title                           |  | May we contact?                          | Compensation (Final)                     |  |  |
| Why did you leave?                                       |  | ····ay ··· · · · · · · · · · · · · · · · | ☐ Hourly ☐ Salary \$ per                 |  |  |
| Summarize the type of work per                           | <br>rformed and job responsibili       | ities:                                   | Commission/Bonus/Other                   |  |  |
| ,,   | , ,                                    |  | Compensation \$                          |  |  |
| What did you like most about yo                          | our position?                          |  |  |  |  |
| What were the things you liked I                         | least about the position?              |  |  |  |  |
|  |  |  |  |  |  |
| Skills and Qualifications                                |  |  |  |  |  |
| Summarize any special trainin<br>which you are applying: | _                                      | <del>-</del>                             | you in performing the position for       |  |  |
| Computer Skills (Check the au                            | ppropriate boxes. Incluc               | le software titles and year              | s of experience.)                        |  |  |
| composer skins (eneck me ar                              |  |  | •  |  |  |
| □ Word Processing  |  | □ E-Mail                                 | Years:                                   |  |  |
|  | Years:                                 | □ E-Mail                                 |  |  |  |

#### **References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

| Name | Title | Relationship<br>to You | Telephone | Number of<br>Years Known |
|------|-------|------------------------|-----------|--------------------------|
|      |       |                        |           |                          |
|      |       |                        |           |                          |
|      |       |                        |           |                          |

## **Applicant Statement**

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

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 education 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period 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 contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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 (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

| _ |           |           |          |          |               |           |                  |
|---|-----------|-----------|----------|----------|---------------|-----------|------------------|
| D | A NOT SIG | :N IINTII | YOU HAVE | READ THE | $\Delta$ ROVF | ΔΡΡΙΙΜΑΝΤ | <b>STATEMENT</b> |

| I "T; E. | ا المحالا ، | la au . a    |       | £11.   |           | مصنحاء   |         | 1 all 1 augus a |        | f : :      | A        | nt Statement. |
|----------|-------------|--------------|-------|--------|-----------|----------|---------|-----------------|--------|------------|----------|---------------|
| I COUNTY | z inai i    | $n\alpha ve$ | read  | TUIIIV | unaersta  | na anc   | Laccen  | T CIII TEIRN    | COLINE | TOTECTOING | ADDIICAR | ii sidiemeni  |
|          | , iii ai i  | 11010        | 1000, | 10119  | Olidoisid | iia aiic | , accep | I GII I CITTI   |        | 101090119  |          |               |

| Signature of Applicant | Date |
|------------------------|------|
|------------------------|------|

# Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

| Applicant Information Please Print   |  |  |  |  |  |
|--|--|--|--|--|--|
| Full Name  | Telephone #  |  |  |  |  |
| Address  | CityStateZIP Code  |  |  |  |  |
| Position(s) applied for  | Date   |  |  |  |  |
| Gender □ Male □ Female   | ☐ Prefer not to answer   |  |  |  |  |
| Race/Ethnic Identification (Please check one of the fol  ☐ Hispanic / Latino (white race only) ☐ His | llowing Equal Employment Opportunity Identification Groups) panic / Latino (all other races) |  |  |  |  |
| □ American Indian / Alaskan Native □ Na  | tive Hawaiian / Other Pacific Islander   |  |  |  |  |
| □ White □ Black / African American   | ☐ Asian ☐ Prefer not to answer   |  |  |  |  |
| Referral Source  |  |  |  |  |  |
| ☐ Walk-in ☐ Governme   | nt Employment Agency 🔲 Private Employment Agency   |  |  |  |  |
| ☐ Employee ☐ Relative  | □ School   |  |  |  |  |
| ☐ Advertisement – Source   |  |  |  |  |  |
|  |  |  |  |  |  |
| name of person who referred you (if applicable)  |  |  |  |  |  |
| For Administrative Use Only  |  |  |  |  |  |
| Position(s) applied for:   | □ Not Available □ Other  |  |  |  |  |
| Other positions considered for   |  |  |  |  |  |
|  |  |  |  |  |  |
| From the EEO job classifications listed below, which one best des                                    | cribes the position filled?  |  |  |  |  |
| ☐ Officials and Managers ☐ Sales Workers   | ☐ Operatives (semi-skilled) ☐ Professionals  |  |  |  |  |
| ☐ Office and Clerical Workers ☐ Laborers (unskil   | lled) 🗆 Technicians 🗆 Craft Workers (skilled)  |  |  |  |  |
|  | □ Service Workers  |  |  |  |  |
| Notes  |  |  |  |  |  |
| Completed by   | Date   |  |  |  |  |