



Application for Employment

Submit to: Human Resources
Highfields, Inc.

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.

Position(s) applied for _____ Date of application ____/____/____

Full Name _____

Address _____ City _____ State _____ ZIP Code _____

Telephone # () _____ Mobile/ Other # () _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Type of employment desired: Full-time Part-time Temporary Voluntary

Driving may be required in the position for which you are applying. Do you have a valid license? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone # ()	Dates employed: From	To
Street Address	City	Compensation (starting)	
Starting job title/Final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities:		Commission/Bonus/Other Compensation \$	

What did you like most about your position?

What were the things you liked least about the position?

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Summarize the type of work performed and job responsibilities:

Commission/Bonus/Other Compensation \$

What did you like most about your position?

What were the things you liked least about the position?

Skills and Qualifications

Social Security Number: _____ - _____ - _____

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check the appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____

E-Mail _____ Years: _____

Spreadsheet _____ Years: _____

Internet _____ Years: _____

Presentation _____ Years: _____

Other _____ Years: _____

Educational Background

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

School (include City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

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 to You	Telephone	Number of 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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

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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.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you (if applicable) _____

Applicant Information

Full Name _____ Telephone # (____) _____

Address _____ City _____ State _____ ZIP Code _____

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Hispanic / Latino (white race only) | <input type="checkbox"/> Hispanic / Latino (all other races) |
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | |

For Administrative Use Only

Position(s) applied for: Available Not Available Other

Other positions considered for _____

Hired: Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____