

APPLICATION FOR EMPLOYMENT

BHK Child Development Board 6/03
700 Park Ave.
Houghton, MI 49931
906-482-3663
www.bhkfirst.org

PLEASE PRINT

Name _____ Telephone Number _____
Last First Middle

Present Address _____
Number Street City State Zip

How Long At Present Address? _____ Social Security Number: _____

Position Applied For: _____
() Full Time () Part Time () Regular () Temporary

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with this Agency?

Do You Drive? _____ Do you have a car available? _____ Do you have relatives working for this Agency or on the Board or Council? _____ If yes, who? _____
Are you or where you a Head Start parent or student? _____

Education and Training
Type of School Name & Location of School From - To Course Taken Graduate

WORK HISTORY (INCLUDE U.S. MILITARY SERVICE AS AN EMPLOYER AND TYPE OF DISCHARGE).

Name of **present** or **most recent** employer Address

Starting Date (Month/Day/Year) Leaving Date (Month/Day/Year) Starting Pay Final Pay

Job Title (Present or Last) Name of Supervisor Supervisor's Title

Reason for Leaving Description of Work & Responsibilities

Name of Next Previous Employer		Address	
Starting Date (Month/Day/Year)	Leaving Date (Month/Day/Year)	Starting Pay	Final Pay
Job Title (Present or Last)	Name of Supervisor	Supervisor's Title	
Reason for Leaving	Description of Work & Responsibilities		

Name of Next Previous Employer		Address	
Starting Date (Month/Day/Year)	Leaving Date (Month/Day/Year)	Starting Pay	Final Pay
Job Title (Present or Last)	Name of Supervisor	Supervisor's Title	
Reason for Leaving	Description of Work & Responsibilities		

REFERENCES (List 3 – Not Relatives)

Name	Address	Occupation	Phone #

Applicants for bus driver or maintenance positions must complete these:

Driver's License Number _____ CDL? _____

Number of Points on License _____

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The Agency may provide priority to persons from low income families. Answering the following questions is voluntary.

Number of Dependents _____ Total Family Income (last 12 months) _____
 (including self)

Have you ever been convicted of a felony or is a charge pending? Yes _____ No _____

If yes, where, for what and when: _____

Have you ever been bonded? Yes _____ No _____ Were you ever refused bond? Yes _____ No _____

If yes, please provide details. _____

If you think any additional information would be helpful in considering your application, please enclose a resume or written statement.

Authorization For Release Of Information

To Whom It May Concern:

I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records to determine any and all information pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and firms from any damages that may result from providing such information.

Date: _____ Applicants Signature: _____

Address: _____

Date of Birth: _____

I acknowledge that consideration for employment is contingent on the results of a reference and background check, possible skills or other tests, and if I am offered employment, that my employment is conditional until the results of my post-offer physical are known. Should I be offered employment, I hereby consent to such post-offer physical, including drug screening. I authorize you to investigate the truthfulness of all statements made on this application or in connection with my post-offer physical, to contact former employers and other listed references or any other persons who can verify information, and to discuss the results of any investigation with other employees of the agency involved in the hiring process. I give my consent for all contacted persons to provide information concerning this application, including any post-offer physical, and authorize release of information concerning any disciplinary action without any obligation to give me written notice of such disclosure. I agree to execute any lawful releases, consents and waivers required by you. I hereby release you and any other person from any liability whatsoever as a result of such inquiries and disclosures.

I understand that, if I have a disability and need reasonable accommodation in any step of the hiring process to assist me to demonstrate my qualifications to perform the duties of the job for which I am applying, I should inform the Executive Director. Under Michigan law disabled employees and applicants may request an accommodation of their disability by notifying the Agency 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. Failure to notify the Agency may preclude any claim that the employer failed to accommodate the disabled individual.

I agree that any action of suit against the Agency arising out of my employment or termination of employment, including but not limited to claims arising under state or 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 action or suit arising out of my employment, in which the Agency prevails, I will pay the Agency all costs incurred in defense of such claims, including attorney fees.

Any failure by me to fill out proper forms or provide notification of any employee benefits which results in loss of benefits shall not be retroactively paid for, not covered. Also, my failure to properly notify the Agency of changes in my family status or other information which results in unwarranted costs to the Agency shall be my responsibility.

Any misrepresentation by me in this application, any refusal by me to sign lawfully required releases, consents, or waivers, or any failure by me to properly complete any lawfully required forms (I-9, W-4, etc.) may result in cancellation of this application and/or separation from the Agency's service if I have been employed.

In consideration of any employment I agree to conform to the rule and regulations of the Agency. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Agency or myself. I understand that no representative of the Agency except the Executive Director has any authority to enter into any agreement of any specified time or to make any agreement contrary to the foregoing.

I certify I have read all of this application and that the information I have provided above is true and correct.

DATE: _____ SIGNATURE: _____

Incomplete applications will not be considered. This application is only active for one school year.