

APPLICATION FOR EMPLOYMENT

The Frenchtown Senior Center, Inc. is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT

Position Applied for: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Cell _____

Email _____

If you are applying for a position for which driving is a job requirement, do you presently have a valid Michigan driver's license? Type of license: Operator's license Commercial Driver's license (CDL)

Driver's License No. _____

(A license check will be conducted for applicants for positions requiring a current driver's license)

Are you a relative by birth or marriage to any Frenchtown Senior Center, Inc. board member or full-time employee? Yes No

If Yes: _____
Name Relationship

Are you under 18 years of age? (If yes, attach work permit) Yes No

Are you currently working? Yes No

Are you on lay-off? Yes No

If yes, are you subject to recall? Yes No

Will you submit to a drug screening test? Yes No

Have you ever been employed by the Frenchtown Senior Center, Inc.? Yes No

If Yes: _____
Position Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

(Proof of citizenship or immigration status is required upon employment) Have you ever been fired? Yes No

If Yes, give date, where you worked and explanation: _____

Have you ever been convicted of a felony? Yes No

If Yes, completely describe including location and date: _____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes No

EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? <small>If not, number of credit hours completed)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position for which you are applying? Yes No

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY

List each job held within the last 20 years. Start with your present or last job first. NOTE: If more space is needed copy this page first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

WAIVERS AND ACKNOWLEDGMENTS

Please read carefully before signing

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Frenchtown Senior Center, Inc. management that have been reduced to writing and have been executed by both the employee and an authorized representative of Frenchtown Senior Center, Inc.. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should Frenchtown Senior Center, Inc. hire me.
3. If hired, I understand that my employment is at-will, and can be terminated at any time, with or without notice, for any reason at the option of either Frenchtown Senior Center, Inc. or me. Should Frenchtown Senior Center, Inc. hire me, I agree to observe all of Frenchtown Senior Center, Inc.'s policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.
4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Personnel Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.
6. I agree that any lawsuit against Frenchtown Senior Center, Inc. arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.
7. Except as may be otherwise classified, all employees of the Frenchtown Senior Center, Inc. are employed "at-will" and may be terminated with or without cause at any time. Your employment with Frenchtown Senior Center, Inc. has no specified duration, and either you or the center may end the employment relationship whenever either of us believes it is best to do so, without consideration of cause or notice.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SEVEN (7) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

SIGNATURE _____ **DATE** _____