

BISHOP NOA HOME FOR SENIOR CITIZENS
2900 Third Avenue South
Escanaba, Michigan 49829
APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____

(Last)

(First)

(Middle)

Address _____ Telephone Number _____

(Number)

(Street)

(City)

(Zip)

Are you 18 years or older? Yes No

Are you a U.S. citizen? Yes No

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position applied for: _____

Shift you can work: Day _____ Afternoon _____ Night _____ Any _____

Date you can start: _____

month

day

year

Kind of work sought: Full time Part time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

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

Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm 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 properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

EDUCATION

Highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12

College 1 2 3 4 Name of last school attended _____

Vocational or trade training _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No

If so, where, when and nature of offense _____

State any additional information that you feel may be helpful to us in considering your application. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

NOTES _____

