

APPLICATION FOR EMPLOYMENT

Community Enterprises of St. Clair County

PERSONAL INFORMATION

DATE: _____

NAME: _____ (_____)
Last First Middle Social Security Number

ADDRESS: _____
City Zip

PHONE NO. (home) _____ (other) _____

DRIVERS LICENSE #: _____ TYPE: _____ STATE: _____

How Long Have You Lived at Present Address? _____

Previous' Address: _____

Are you Over the Age of 18? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, describe in full: _____

Do you have any pending felony charges? Yes No

If Yes, describe in full: _____

RECORD OF EDUCATION

School	Dates Attended	Name & Address of School	Circle Last Year Completed	Did You Graduate	List Diploma or Degree
High	From ____/____/____ To ____/____/____	_____	9 10 11 12	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
College	From ____/____/____ To ____/____/____	_____	9 10 11 12	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Other	From ____/____/____ To ____/____/____	_____	9 10 11 12	Y <input type="checkbox"/> N <input type="checkbox"/>	_____

EMPLOYMENT INFORMATION (List below present and past employment, beginning with your most recent.)

Company: _____ From – To _____ Weekly Salary Starting/Ending _____
Address: _____ / _____ - _____ / _____ / _____
City/State/Zip: _____ Describe your work: _____
Phone (_____) _____
Supervisor: _____ Reason for Leaving: _____

Company: _____ From – To _____ Weekly Salary Starting/Ending _____
Address: _____ / _____ - _____ / _____ / _____
City/State/Zip: _____ Describe your work: _____
Phone (_____) _____
Supervisor: _____ Reason for Leaving: _____

Company: _____ From – To _____ Weekly Salary Starting/Ending _____
Address: _____ / _____ - _____ / _____ / _____
City/State/Zip: _____ Describe your work: _____
Phone (_____) _____
Supervisor: _____ Reason for Leaving: _____

Company: _____ From – To _____ Weekly Salary Starting/Ending _____
Address: _____ / _____ - _____ / _____ / _____
City/State/Zip: _____ Describe your work: _____
Phone (_____) _____
Supervisor: _____ Reason for Leaving: _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Service Number: _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

PERSONAL REFERENCES

(List at least three (3) references, not former employers or relatives.)

Name: _____ Phone: Day (____) _____ Eve.(____) _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____ Occupation: _____

Name: _____ Phone: Day (____) _____ Eve.(____) _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____ Occupation: _____

Name: _____ Phone: Day (____) _____ Eve.(____) _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____ Occupation: _____

OTHER INFORMATION

Position(s) applied for: _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that federal and state law precludes obtaining in the application process.)

Please read all of the following carefully before signing. Your signature indicates that you expressly agree with all of the following:

"I certify the facts set forth in my employment application submitted to Community Enterprises of St. Clair County are true and complete. I understand that if I am employed and it is discovered I have made any false statements on my employment application such false statements shall subject me to immediate dismissal. You are authorized to make an investigation of my employment history through any investigative agencies or bureaus of your choice, and you may contact my current or any of my former employers and I give such employers the right to release information to you and all records of my employment, excluding medical records. I further understand you may require a driving record and I authorize you to obtain such a report. I understand that you reserve the right to make a conditional offer of employment which would be conditioned upon the results of a medical examination including, but not limited to, any drug screening tests which are required by the company. If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the company in writing of my need for such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Rights Act. This application is current for a period of ninety (90) days from the date I sign it. At the conclusion of this time, if I have not been employed by the company and wish to be considered for employment, it will be necessary for me to fill out and submit a new application. I understand and agree if I am hired by the company, unless specifically set forth in writing to the contrary and signed by the President of the company and myself, my employment will be for no definite period of time, and may be terminated at any time with or without cause. If hired by the company I agree that any claim or lawsuit arising out of my employment with the company, or my application for employment with the company, must be filed no more than six (6) months after the date of my employment or within six (6) months of the action by the company that is the subject of the claim or lawsuit. I understand the Statute of Limitations for claims arising out of an employment action may be longer than six (6) months, and I agree to be bound by a six (6) month Statute of Limitations for any claim arising out of my employment with the company. I waive any Statute of Limitations to the contrary, unless such waiver is prohibited by State, Federal or local law."

APPLICANT SIGNATURE: _____ **DATE:** ____/____/____

APPLICATION RETENTION

This application will be kept on file for one year from the date of application. Thereafter, it must be renewed if further consideration for a position is desired.

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, height, weight, or he presence of a non job-related medical condition or disability.

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Signature of Applicant

Date

Print Name

Witness:

Signature

Date

Print Name

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed.)

