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APPLICATION FOR EMPLOYMENT

NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, GENETIC INFORMATION, HEIGHT, WEIGHT OR OTHER LEGALLY PROTECTED STATUS.

AUXILIARY AIDS, SERVICES, AND ALTERNATIVE FORMAT WILL BE MADE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES. MICHIGAN RELAY CENTER 1-800-649-3777 (VOICE AND TTY/TDD).

The **entire** application form must be completed to be considered. Sign and date the Authorization and Understanding at the end of page 5. Complete page 6 print by checking the appropriate statement, printed name, sign and date. If there is not enough space on this form to supply all necessary information to answer a question, please attach additional pages.

Date of Application: _____ Position Applied For: _____ Location: _____

Full Time Part Time Substitute Temporary If part time, specify days and hours: _____

How were you referred to NEMCSA? Advertisement Walk In Internet Friend Michigan Works Other

Starting salary desired: \$ _____ Date available: _____

Name: _____
Last First M.I.

Address: _____
Street P.O. Box

City State Zip Code

Telephone: () _____ - _____ Cell Phone: () _____ - _____ Email address: _____

Please supply any other names you have used in school or at any previous job: _____

Are any of your relatives employed at NEMCSA? Yes No

If yes, specify: _____

Do you have any relatives that serve on the NEMCSA Board of Directors, or any Policy Council or Committee of the agency?

Yes No If yes, Name: _____ Relationship: _____

Are you 18 years old or older? Yes No If not, do you have proof of eligibility to work? _____

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

EMPLOYMENT

Please provide all full and part-time employment history including Military Service. Start with most recent employer.

Company Name: _____ Telephone No. () _____ - _____

Address: _____ Supervisor: _____

Job Title and Responsibilities: _____

Dates Employed: ____/____/____ to ____/____/____ Rate of Pay: \$ _____

Reason for Leaving: _____

May we contact your current employer for reference? Yes No

Company Name: _____ Telephone No. () _____ - _____

Address: _____ Supervisor: _____

Job Title and Responsibilities: _____

Dates Employed: ____/____/____ to ____/____/____ Rate of Pay: \$ _____

Reason for Leaving: _____

Company Name: _____ Telephone No. () _____ - _____

Address: _____ Supervisor: _____

Job Title and Responsibilities: _____

Dates Employed: ____/____/____ to ____/____/____ Rate of Pay: \$ _____

Reason for Leaving: _____

Company Name: _____ Telephone No. () _____ - _____

Address: _____ Supervisor: _____

Job Title and Responsibilities: _____

Dates Employed: ____/____/____ to ____/____/____ Rate of Pay: \$ _____

Reason for Leaving: _____

Personal References (excluding former employers or relatives)

| Name and Occupation | Address | Telephone Number |
|---------------------|---------|----------------------|
| _____ | _____ | () _____ - _____ |
| _____ | _____ | () _____ - _____ |
| _____ | _____ | () _____ - _____ |

EDUCATIONAL BACKGROUND

HIGH SCHOOL

Name of School: _____

Address: _____

Did you graduate? Yes No

Course of Study or Degree Conferred: _____

COLLEGE

Name of School: _____

Address: _____

Did you graduate? Yes No If no, will you graduate within 6 months? Yes No Number of Credits Completed _____

Course of Study or Degree Conferred: _____

OTHER

Name of School: _____

Address: _____

Did you graduate? Yes No If no, will you graduate within 6 months? Yes No

Course of Study or Degree Conferred: _____

OTHER

Name of School: _____

Address: _____

Did you graduate? Yes No If no, will you graduate within 6 months? Yes No

Course of Study or Degree Conferred: _____

- Do you have any Special/Technical Trainings/Accreditations or Endorsements? Yes No

If yes, please list : _____

- What experiences, skills, or qualifications do you feel would especially qualify you for work with our organization?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you able to perform, with or without accommodation, the functions of the job for which you have applied?

Yes No

Have you ever been bonded? Yes No

If yes, on what jobs? _____

Do you hold any professional licenses or certifications? Yes No

If yes, please list and describe: _____

Have you ever had a professional license or certification revoked or suspended? Yes No

If yes, please list and describe: _____

Are you currently under investigation by any agency or department concerning any licensure or certification matter? Yes No

If yes, please describe: _____

Do you presently have a valid driver's license? Yes No

Have you had any moving violations in the past five years? Yes No If yes, please provide the following information:

Description of violation: _____

Points assessed: _____ Date of violation: _____

Have you ever been convicted, as an adult of: an act of immoral conduct, contributing to the delinquency of a child, or, a felony of moral turpitude? Yes No If yes, please explain:

Describe charge: _____

Date of charge: _____

Have you been convicted of abuse or neglect of children/adults? Yes No If yes, provide details:

Describe charge: _____

Date of charge: _____

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes No If yes, provide details:

Describe charge: _____

Date of charge: _____

Are there any criminal charges pending against you currently? Yes No If yes, provide details:

Describe charge: _____

Date of charge: _____

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize NEMCSA to verify the information I have provided and to make any investigation of my background deemed necessary both at the time of application and later, during my employment, if I am hired. I understand that the types of investigations that NEMCSA may perform include: reference checks including personal, employment and educational reference checks and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by NEMCSA to furnish any information relevant to my application for employment and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such lawful information. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an Employee Confidentiality Statement. I consent to all drug testing which may be required, both during the selection process and throughout employment, if I am hired. Following a conditional offer of employment, I consent to a medical examination and to an alcohol test when job-related and consistent with business necessity.

I understand and agree that if I am hired, employment is "at will" and that either NEMCSA or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings, which contradict an "at will" status of employment, are canceled. Further, I understand that only the Chief Executive Officer (CEO) has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Chief Executive Officer (CEO) and me.

In consideration of my employment, I agree to conform to the rules and policies of NEMCSA.

This application for employment shall be considered active for the named position at time of posting only. If I wish to be considered for other openings (postings), I understand that I must submit a new application.

My signature below indicates that I have read and understood the above paragraphs.

Signature: _____

Date: _____

NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, INC.
DECLARATION FORM FOR ALL PROSPECTIVE EMPLOYEES

Federal policies now require that Head Start Agencies require all prospective employees to sign a declaration prior to employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Convictions related to other forms of child abuse and/or neglect: and,
- All convictions of violent felonies.

The declarations may exclude:

- ◆ Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- ◆ Any conviction for which the record has been expunged under Federal or State law; and,
- ◆ Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

NOTE: Individuals who declare through this form that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start Agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision.

Please check the appropriate box below and sign and date the form.

- I **have not** been arrested, charged and/or convicted on one or more of the three types of offenses listed above.
- I **have** been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Printed name

Signature

Date

If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (b) and (c).

All information supplied on this form is confidential.