

# MONTMORENCY COUNTY COMMISSION ON AGING EMPLOYMENT APPLICATION

THE MONTMORENCY COUNTY COMMISSION ON AGING IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, AGE, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, HEIGHT, WEIGHT, MILITARY SERVICE OR ANY OTHER LEGALLY PROTECTED CLASSIFICATION IN ACCORD WITH STATE AND FEDERAL LAW. THE MCCOA ALSO REASONABLY ACCOMMODATES INDIVIDUALS WITH DISABILITIES AND BONA FIDE RELIGIOUS BELIEFS. **THE MCCOA IS COMMITTED TO A DRUG-FREE WORKPLACE.**

PLEASE PRINT AND ANSWER ALL QUESTIONS. **RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETION OF THE APPLICATION.** IT IS IMPORTANT TO ANSWER ALL QUESTIONS; FAILURE TO COMPLETE ALL OF THE REQUIRED INFORMATION MAY DISQUALIFY THE CANDIDATE FROM CONSIDERATION.

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**LAST NAME\*** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**\*Please provide information relative to a different name that you have used in the past:**

\_\_\_\_\_

\_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing or P.O. Box Address, if different from above: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Date you will be able to start work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address: \_\_\_\_\_

Michigan Driver's License Number: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, explain the nature of the offense, location and date:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever worked for MCCOA before?  Yes  No Dates: \_\_\_\_\_

List any relatives or friends **currently employed or previously employed** by MCCOA: \_\_\_\_\_

How did you hear about this position? Were you referred by someone? (Name): \_\_\_\_\_

Who should be contacted in the event of an emergency?

Name Address Cell/Telephone Number

Provide information below for all High Schools, Colleges, Universities, Trade or other schools you attended. **Do not omit any institutions.**

**EDUCATION:** (May or may not be considered depending on the job applied for).

| Level                   | Print Name, Address & Zip | Grade completed or Degree(s)<br>(Dates are optional) | Subjects Studies<br>or Major |
|-------------------------|---------------------------|--|------------------------------|
| High School             |                           |  |                              |
| College                 |                           |  |                              |
| Graduate                |                           |  |                              |
| Other:<br>CENA,<br>etc. |                           |  |                              |

Describe any educational degrees, skills, training, and proficiency in software programs or experience you believe are relevant to the position applied for: \_\_\_\_\_

Do you have a current TB test?  Yes  No

Are you CPR certified?  Yes  No

**DRIVING RECORD:** (May or may not be considered depending on the position applied for)

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

Do you have reliable transportation?  Yes  No

Do you have any driving restrictions?  Yes  No

If yes, explain: \_\_\_\_\_

Have you had any tickets?  Yes  No

If yes, explain: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any DUI or DWI (drunk driving) convictions?  Yes  No

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please complete for all full-time or part-time employment ***beginning with the most recent employer.*** Please complete all information, failure to do so may delay the employment process.

|                                       |  |
|---------------------------------------|--|
| Company Name:                         | Telephone Number:  |
| Address:                              | Dates Employed:<br>From: _____ To: _____                                 |
| Name of Supervisor:                   | Pay rates:<br>Starting: _____ Ending: _____                              |
| State Job Titles and Describe Duties: | Reason for Leaving:  |
| Type of Business:                     | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                       |  |
|---------------------------------------|--|
| Company Name:                         | Telephone Number:  |
| Address:                              | Dates Employed:<br>From: _____ To: _____                                 |
| Name of Supervisor:                   | Pay rates:<br>Starting: _____ Ending: _____                              |
| State Job Titles and Describe Duties: | Reason for Leaving:  |
| Type of Business:                     | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**EMPLOYMENT HISTORY (continued):** Please complete for all full-time or part-time employment ***beginning with the most recent employer.*** Please complete all information, failure to do so may delay the employment process.

|                                       |  |
|---------------------------------------|--|
| Company Name:                         | Telephone Number:  |
| Address:                              | Dates Employed:<br>From: _____ To: _____                                 |
| Name of Supervisor:                   | Pay rates:<br>Starting: _____ Ending: _____                              |
| State Job Titles and Describe Duties: | Reason for Leaving:  |
| Type of Business:                     | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                       |  |
|---------------------------------------|--|
| Company Name:                         | Telephone Number:  |
| Address:                              | Dates Employed:<br>From: _____ To: _____                                 |
| Name of Supervisor:                   | Pay rates:<br>Starting: _____ Ending: _____                              |
| State Job Titles and Describe Duties: | Reason for Leaving:  |
| Type of Business:                     | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you received a disciplinary suspension or been discharged from any position?  Yes  No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you signed or are you otherwise subject to any agreement with any other company that would limit or restrict the type of work you may perform for MCCOA ? If so, please fully explain and provide a copy of the agreement upon request. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please list three Professional References. **Please do not list family or friends.**

|  | <b>Professional (Past Employer)</b> |
|--|-------------------------------------|
| Company/Employer Name<br>Supervisor Name | 1.                                  |
| Address                                  |                                     |
| City, State, Zip                         |                                     |
| Telephone Number                         |                                     |

|  | <b>Professional (Past Employer)</b> |
|--|-------------------------------------|
| Company/Employer Name<br>Supervisor Name | 2.                                  |
| Address                                  |                                     |
| City, State, Zip                         |                                     |
| Telephone Number                         |                                     |

|  | <b>Professional (Past Employer)</b> |
|--|-------------------------------------|
| Company/Employer Name<br>Supervisor Name | 3.                                  |
| Address                                  |                                     |
| City, State, Zip                         |                                     |
| Telephone Number                         |                                     |

# ACKNOWLEDGMENT

**(Please read carefully and sign below)**

I authorize Montmorency County Commission on Aging and its agents to consult with and receive information from other companies, individuals, schools or agencies (public or private) concerning my employment, education, background, criminal or motor vehicle record, competence, experience, character or qualifications, and I authorize them to release such information to MCCOA as they request, including without limitation, my prior disciplinary record, without any obligation to give me written notice of such inquiry and/or disclosure. I also authorize MCCOA to release any information concerning my employment to any prospective or subsequent employers without any obligation to give me written notice of such disclosure. I authorize the Social Security Administration to verify that the Social Security number I will furnish is my assigned number and is valid for employment purposes. **I hold harmless and release MCCOA and any individual, institution, company or agency from any liability as a result of the above inquiries and disclosures.**

I understand that this Application is not an offer or a contract of employment. If I am hired by MCCOA as an employee or volunteer, I will be bound by the rules, policies, regulations, terms and conditions of employment of MCCOA as they may be communicated to me from time to time and which may be changed or modified at the will of MCCOA, in its sole discretion, with or without cause, or notice to me. **I further understand and agree that MCCOA is an at-will employer which means that my employment relationship with MCCOA is for no definite period and may be terminated at any time, with or without cause, with or without notice, at the will of either MCCOA or me.** I understand that the direction and control of all work is the sole prerogative of MCCOA and includes, by way of illustration only, the right to hire, layoff, transfer, reassign, demote or discharge.

I understand that according to federal law, I must produce documentation to verify my identity and authorization to work in the U.S. I agree that any employment with MCCOA is contingent on my ability to obtain and maintain the required documentation within the time period required by applicable law.

I certify that all of the information in this Application (and other information given by me in support of my application) is true and complete. I understand that any misrepresentation, misleading statement or omission of any fact by me in this Application, in support of my application for employment, or during my employment, is sufficient reason for my (1) not being offered employment or (2) being disciplined, up to and including discharge, at any time during my employment in the sole discretion of MCCOA.

I understand and agree that as a condition of employment, I may be required to undergo a post-offer medical examination, which includes a drug test. During any employment with MCCOA, I understand that I may be required to submit to an alcohol or drug screening at the request of MCCOA and I authorize the release of any such test results to appropriate personnel. I further agree that during any employment with MCCOA if I need an accommodation as the result of a disability, I will promptly notify the appropriate MCCOA representative of my need for accommodation in writing within 182 days after I learn of the need.

**I agree that any claim or lawsuit relating to my application for employment, or service with Montmorency County Commission on Aging must be filed no more than six (6) months after the date of the employment action(s) or event(s) that is the subject of my claim or lawsuit. I voluntarily and knowingly waive any statute of limitations to the contrary.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_