APPLICATION FOR EMPLOYMENT

# Gogebic Ontonagon Community Action Agency

100 S. Mill Street

Bessemer, Michigan 49911

(906) 667-0283

## Please complete all portions and answer all questions on the application or your application may be delayed for further processing. If a question is not applicable, write "N/A" in the area provided on the application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever filed an application with us before? yes no | | | POSITION APPLYING FOR: | | | DATE APPLIED: | |
| Name (Last, first, middle) | | | | | | | |
| Address (Street, city, state, zip code) | | | | | | |  |
| Previous address (Street, city, state, zip code) | | | | | | |  |
| Telephone: CELL: HOME:  E-mail: | | | | List all States lived in over the past 15 years | | | |
| Specify any days or times you are not available for work: | | | | | What shift(s) are you willing to work? | | |
| Salary Expectations:  $ | Per Hour | | | | Date Available for Work: | Employment Status:  □□ Full Time  Part Time | |
|  |
| Have you ever been employed at the Agency? | | | | | Date Started | Date Left | |
| In what Department? | | In what position? | | | Reason for Leaving | | |

**EMPLOYMENT HISTORY** - List all Employers for the last 3 to 5 years. Attach additional signed sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer's Name | | Dates (month and year): From To | |
| Address (Street, city, state, zip code) | | Telephone | |
| Supervisor (Name & Title) | Your title | | Salary |
| Duties & responsibilities | | | |
| Reason for leaving | | | |
| Employer's Name | | Dates (month and year): From To | |
| Address (Street, city, state, zip code) | | Telephone | |
| Supervisor (Name & Title) | Your title | | Salary |
| Duties & responsibilities | | | |
| Reason for leaving | | | |
| Employer's Name | | Dates (month and year): From To | |
| Address (Street, city, state, zip code) | | Telephone | |
| Supervisor (Name & Title) | Your title | | Salary |
| Duties & responsibilities | | | |
| Reason for leaving | | | |

May we contact your present/past employer(s) for a reference? Yes No Have you ever been discharged by an employer or resigned in lieu of discharge?

Yes No

Have you ever been disciplined (other than discharged) by an employer? Yes No

If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

How much time have you missed from work in the past twelve months?

Do you have a valid Driver's License?

Yes No If yes, Driver's License #

State of Driver's License issued:

Do you have a valid State Identification Card? Yes No If yes, State Identification Card#

State of State Identification Card issued:

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| SCHOOL | LOCATION | DEGREE  (Proof of HS Diploma or GED required.) |
| High School |  | □**HS Diploma** □**GED**  (Check one) |
| Business School |  |  |
| College/University |  |  |
| Trade/Vocational School |  |  |

**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

|  |
| --- |
| List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary. (Copies of all licenses are required). |
| Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or  put on probation? --- Yes--- No |
| If you answered yes to either above questions, explain in detail on an attached signed statement. |

**MISCELLANEOUS**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any felony charges pending against you? --- Yes--- | No |  |  |
| If you answered yes, explain by giving the date, nature of the offense and circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment. | | | |
| Are you 18 years of age or older? --- Yes--- No | | | |
| Are you able to perform the duties of the job for which you have applied? | --- | Yes --- | No |
| References: Give the name, address and telephone numbers of three references who are not related to you: | | | |
| 1. | | | |
| 2. | | | |
| 3 | | | |

**CERTIFICATION**

I understand that I may be required to submit to a physical examination, which may include a drug test, prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge.

I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards and current and previous employers and current and previous employers to provide Gogebic Ontonagon Community Action Agency (GOCAA), with any requested information.

I also specifically waive written notice from any and all former employers regarding their disclosure to GOCAA of any prior disciplinary action and waive my claim against GOCAA and current or former employers arising from such investigation or disclosure.

I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, immediate dismissal at the sole discretion of GOCAA.

I further understand and agree that if I am hired, unless I am covered by a written agreement to the contrary, signed by me or on my behalf by my authorized representative, that my employment may be terminated, either by me or by GOCAA at any time, with or without notice or cause.

(Signature of Applicant) (Date)

# CONFIDENTIAL REFERENCE REQUEST

**To** (Name/Title) (Company/Address}

**From:** {Name/Title)

***Gogebic Ontonagon Community Action Agency, 100 S. Mill Street, Bessemer, MI 49911***

***Phone Number 906-667-0283; Confidential Fax 906-663-0356***

**Date: Re: Applicant's Name:**

The above-named person has applied for employment with our Agency and has authorized us to contact you as a reference. We would greatly appreciate you furnishing the information below. Thank you.

Was the applicant in your employ from to ? Yes □No

Was the applicant's position/title ? Yes □No

Good Average Poor

□ □ □

Cooperation and Teamwork

Initiative and Enthusiasm □ □ □ Willingness to Accept Assignments □ □ □ Knowledge and Skills □ □ □ Judgment and Common Sense □ □ □ Work Speed and Accuracy □ □ □

Ability to Meet Deadlines □ □ □

Attendance and Punctuality □ □ □

□Yes □No lf No,WhyNot:

Would You Rehire:

**Other Comments:**

**Signature/Title:. Date: \_**

***Applicant to Complete Bottom Portion Only.***

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Gogebic Ontonagon Community Action Agency to conduct any necessary and reasonable investigation, with respect to my application, of my past and present work, character and police records to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information, of record, and release you, GOCAA and all persons, agencies, companies and firms from any damages that may result from providing such information.

and all persons, agencies, companies and firms from any damages that may result from providing such information.

Signature

Date

Last 4 Digits of Social Security Number

## GOGEBIC ONTONAGON COMMUNITY ACTION AGENCY

**Certification/ Consent for Post-Employment Screening**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any false information, representations or omissions may disqualify me from further considerations for employment and may result in discipline or dismissal if discovered at

a later date.

Before I can begin work, and as a post-condition of employment, I understand I must be able to verify, as required by federal law, that I am authorized to work in the United States. I understand that all applicants offered a position at GOCAA must document their authorization to work before the hiring process will be complete. If selected for hire, I understand it will be my responsibility to provide GOCAA with documentation establishing my right to work. I understand these documents will be reviewed at the time a conditional offer of employment is made.

I authorize a thorough investigation of my past employment and education, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporations and/or educational institutions requesting or supplying such information and waive any right to notice of such disclosure.

I understand that part of GOCAA's screening process will include a search of criminal history and convictions and a criminal history check to verify information provided by me during the application process. As a part of this investigation, I may be required to provide my date of birth, sex, driver's license, and state of issue. I understand that this information is required to facilitate this investigation. My signature below signifies that I understand and agree to authorize GOCAA to secure criminal history convictions from the appropriate law enforcement agency.

I agree to submit to any physical testing and a urine drug screen which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to GOCAA.

I understand that if I am granted an interview, I will be asked at that time if I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I also understand that if I have protected disability that affects my ability to do the job I seek, I may ask GOCAA to attempt to make a reasonable accommodation for it. Under federal law, it is my responsibility to inform GOCAA that accommodation is needed. I

understand I must take my request for accommodation in writing to the Human Resources as soon as possible. Under state law, such request must be made no later than 182 days after the date I know or reasonably should know that an accommodation is needed

If hired, in consideration of my employment, I agree to abide by the rules and policies of GOCAA. I understand that my employment with GOCAA is for an indefinite term, and I am subject to termination at any time with or without notice, with or without discipline or warning, and with or without cause. No person other than the Executive Director has the authority to offer employment for any specified periods of time or make any contract contrary to the foregoing. Moreover, no such agreement by the Executive Director shall be enforceable unless it is in writing, pertains specifically to me, and is signed by the Executive Director of GOCAA.

Signature Date

**“AN EQUAL OPPORTUNITY EMPLOYER”**