

Employment Application

Please fill out both sides of the application completely.

Michigan Family Resources (MFR) wishes to express its appreciation to you for considering us as a potential employer. A clear understanding of your background and work history will aide us in seeking to place you in a position that 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 and marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

Today's Date	Phone Number () ()	Other () ()	Received Date	
Last Name		First Name		
Middle Initial				
Current Address	City	State	Zip Code	
Email Address	Driver's License/State ID	Are you a Head Start parent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If under 18, proof of age must be provided				
Do you have United States citizenship or authorization from the Immigration & Naturalization Service to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>Note: If hired, federal law requires that you furnish documentation establishing your identity and eligibility to work in the United States.</i>				
Have you lived anywhere besides Michigan? If yes where? _____ _____ _____				
Type of worked preferred: 1.	2.	3.		
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Hours desired:	Rate of pay desired:		
Have you ever applied at MFR? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you previously employed By MFR? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have You Ever Been Convicted of a Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, explain		
List any friends or relatives working at MFR				
EDUCATION / COURSE OF STUDY				
Type of School	Name and Location	Dates	Did you graduate?	Course of Study /Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical, Business or Other		From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University		From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY

List below past and present employment beginning with your most recent. Include U.S. Military Experience.

Company Name	Pay Rate	Dates of Employment	Position Held	Reason for Leaving
Address, City, State, Zip	Beginning:	From:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
Immediate Supervisor	Ending:	To:	Job Responsibilities	
Work Telephone ()	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company Name	Pay Rate	Dates of Employment	Position Held	Reason for Leaving
Address, City, State, Zip	Beginning:	From:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
Immediate Supervisor	Ending:	To:	Job Responsibilities	
Work Telephone ()	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company Name	Pay Rate	Dates of Employment	Position Held	Reason for Leaving
Address, City, State, Zip	Beginning:	From:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
Immediate Supervisor	Ending:	To:	Job Responsibilities	
Work Telephone ()	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Any periods of unemployment? Yes No If yes, explain.

Have you ever been terminated from a job? If yes when, and why? _____

Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset.

Personal References (List two personal references, including phone number)
1. _____ 2. _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal.
- Employers must make accommodations for disabled applicants and employees where the accommodation does not impose any undo hardship on the employer. Under Michigan law, disabled employees and applicants must request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 180 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Employer may preclude any claim that the employer failed to accommodate the disabled individual.
- I understand that before I am hired, MFR requires a physical examination (after a conditional job offer) and a drug or alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, MFR may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such a test.
- I authorize MFR to use its personnel or any investigative agency to investigate my employment record, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, education institutions and any other person(s) contacted by MFR representatives to provide MFR with all records and information relevant to my employment application with MFR. I release all parties who provide such records or information from all liabilities arising from such disclosures; and I waive any rights to notice of such disclosures.
- I agree that any action or suit against MFR arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any limitation periods to the contrary. Should the 180-day limitation period be found to be unreasonable and unenforceable, the period of limitation shall be the minimum reasonable time in excess of 180 days. I further agree that if I should bring any non-statutory action or claim arising out of my employment against MFR, in which MFR prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) is known.
- I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between Michigan Family Resources, Inc. and me for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that any offer of employment is contingent upon approval by the current Head Start Policy Council. I understand that if I am hired, my employment will be at-will. This means that both MFR and I retain the right to terminate my employment at any time for any reason. The at-will nature of my employment cannot be altered except by a written agreement signed by the Executive Director.
- I understand that if I am hired into a position covered by a collective bargaining agreement, if any provision of the collective bargaining agreement conflicts with any statement herein, the term of the collective bargaining agreement shall apply.
- I authorize MFR to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature: _____ Date: _____