



APPLICATION FOR EMPLOYMENT

Please print or type all information except signature

Non-Discrimination Policy: Career Connections, Inc. is committed to the principle of equal opportunity in employment. The Company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

GENERAL INFORMATION

Date _____

Position Applied For _____

Referral Source Newspaper Friend Relative Craigslist Indeed
 Facebook LinkedIn MI Works Our Website Other _____

Social Security Number _____ Date of Birth _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ E-mail address _____

Cell Phone _____

Emergency Contact Phone _____ Emergency Contact Name _____

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

Shift desired: 1st 2nd Midnight Any

What date are you available to start work? _____

Have you been convicted of or pleaded no contest to a misdemeanor or felony within the last 10 years?

Yes _____ No _____ If yes, please explain: _____

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City and State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				
SKILLS (Please List) _____ _____ _____ _____				
DRIVER'S LICENSE (Only for positions which require driving) Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's license number _____ State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur Expiration date _____ Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any moving violations during the past three years <input type="checkbox"/> Yes <input type="checkbox"/> No				
MILITARY Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ If yes, Date Entered _____ Date Discharged _____ If yes, please describe any special skills or training acquired while in the service: _____				

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give company name. Attach additional sheets if necessary.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two professional references

Name

Name

Position

Position

Company

Company

Address

Address

Telephone

Telephone

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Career Connections, Inc. to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Non-Discrimination Policy: Career Connections, Inc., Inc. is committed to the principle of equal opportunity in education and employment. The University does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

APPLICANT DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran

Signature: _____

Date _____