Employment Application

The Arc Michigan

An Equal Opportunity Employer

Name: _____ Date: _____

Address: _____
Street City State Zip

Email: _____ Cell Phone No: _____ Phone No: _____

EMPLOYMENT EXPERIENCE Start with most recent

Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving: If currently employed, do you plan on continuing your employment	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:

SOFTWARE: List all software that you know and rate your proficiency using a scale of 1 – 5 (5 is highest).

Software	Rating	Software	Rating

Employment Application

EDUCATION

Name And Location	Yrs Completed	Graduated?	GPA	Degree / Major
High School				
Technical or Vocational				
College or University				
College or University (Post Graduate)				

- Are you legally authorized to work in the United States? Yes ☐ No ☐
- Have you ever been terminated, separated involuntarily, or suspended from any position? Yes ☐ No ☐
  a. If yes, please describe _____
- What date can you start if you are hired? _____
- May we contact your current employer? Yes ☐ No ☐
- Travel is required for this job to perform essential duties. Do you have a valid driver's license? Yes ☐ No ☐
- Are you 18 years old or older? Yes ☐ No ☐ if no, a job permit may be required.
- Have you been convicted of any felonies or misdemeanors in the last seven (7) years? Yes ☐ No ☐
  a. If yes, please explain_____

(Such conviction may be relevant if job related, but does not bar you from employment.)

SKILLS, ABILITIES, CERTIFICATIONS OR SPECIALIZED TRAINING

PROFESSIONAL REFERENCES (Do not include relatives; **at least one** must be a current or former supervisor.)

Name and Email Address	Place of Employment	Relationship	Telephone	Years Known

APPLICANT CERTIFICATION THAT INFORMATION IS ACCURATE AND COMPLETE: I attest that the information provided on this application (and accompanying resume if applicable) is true and complete. I understand that any false information, misrepresentation, or omission – oral or written – may disqualify me from further consideration for employment and, if hired, may result in discipline or dismissal if discovered at a later date.

APPLICANT'S CONSENT TO VERIFY INFORMATION AND RELEASE: I authorize The Arc Michigan to investigate my employment history and all statements contained in this application, including records of any former employers and other references or sources concerning me. I authorize all references and sources to provide this information to The Arc Michigan and release such references and sources from liability for doing so. I waive my right to any written notice of the release of such records that may be required by state or federal law.

EMPLOYMENT POLICIES: I understand that this application will remain active for consideration for six (6) months (180 days). If at the conclusion of this period, I want The Arc Michigan to continue to consider me for employment, I must reapply. I understand that as a condition of employment I agree to comply with The Arc Michigan's employee policies and work rules, including but not limited to its confidentiality and conflict of interest policies.

EMPLOYMENT-AT-WILL: I understand that The Arc Michigan is an "at-will" employer. As such, employment with The Arc Michigan may be terminated at the will of either party, with or without cause, and without prior notice.

JOB FUNCTIONS: I attest that I can perform the essential functions of the job, with or without reasonable accommodation. I understand that under Michigan law, if I am a qualified individual who is disabled and requires an accommodation, I understand that it is my responsibility to request an accommodation within 182 days after the date I knew or reasonably should have known that an accommodation was needed.

STATUTE OF LIMITATIONS: I understand that as a condition of employment I agree not to commence any action or suit relating to my employment relationship with The Arc Michigan beyond six (6) months (180 calendar days) after the date of the event or the date of termination of employment. I also agree to waive any statute of limitation to the contrary.

Signature of Applicant _____ Date _____