



APPLICATION FOR EMPLOYMENT

(Please print and complete entire form)

I. GENERAL INFORMATION

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Email Address _____

Social Security # _____ / _____ / _____ If under 18 years of age, please state your age _____

If an offer of employment is made, can you provide required documents to prove that you are legally permitted to work in the United States? Yes No

Have you previously been employed at Oakland Family Services under current or other name? Yes No
If yes, please provide dates and reason for leaving _____

List any relatives currently employed at Oakland Family Services _____

II. EMPLOYMENT DESIRED

Position(s) you are applying for _____

Full Time Part Time If part time, please specify hours/days desired: _____

Are you currently on "lay-off" status and subject to recall? Yes No If yes, please explain _____

On what date would you be available to begin work? _____

How were you referred? Employee Michigan Talent Bank CareerBuilder College/University Job Board
 Craig's List Oakland Family Service Website Other: _____

Can you perform all of the job functions of the position for which you are applying with or without a reasonable accommodation?
 Yes No

Please note that the need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer

III. EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

IV. BACKGROUND INFORMATION

Due to the sensitive and confidential nature of our business, background, driving and criminal history records may be reviewed prior to any contingent offers of employment. Please note that a "yes" response does not automatically disqualify an applicant from further consideration. Each situation is evaluated relative to the position being sought. Factors such as the age and nature of the offense and rehabilitation will be taken into account. Please initial to indicate your agreement to this process:

Michigan Driver's License Number _____ Expiration Date _____

Names previously used (including maiden name) _____

Within the past 5 years, have you had any traffic citations, moving violations, restrictions and/or suspensions?

Yes No If yes, please provide the date(s) and nature of citations _____

Have you ever been convicted of a crime (misdemeanor and/or felony), or are there any changes against you that are currently pending? Yes No If yes, please explain _____

V. EMPLOYMENT HISTORY

Please complete this section – do not indicate "See Resume". List your current or most recent job first. If you require more space, please add additional page detailing other employment.

Dates (Month and Year)	Employer's Name, Address & Phone Number	Position or Title	Supervisor's Name & Title	Salary
From: To:				Start: End:
<i>Reason for leaving:</i>				
From: To:				Start: End:
<i>Reason for leaving:</i>				
From: To:				Start: End:
<i>Reason for leaving:</i>				
From: To:				Start: End:
<i>Reason for leaving:</i>				

If you are currently employed, may we contact your employer at this time? Yes No If no, when _____

Have you ever been discharged, suspended or asked to resign from employment? Yes No

VI. PROFESSIONAL REFERENCES

Provide three business or professional references. At least 2 of the references must be or have been a supervisor.

Name	Address & Phone.	Position or Title	Employer	# Yrs. Known	Supervisor
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. EDUCATION

	Name & Location	Major Subject(s) Studied	Years Attended <i>(for verification purposes, only)</i>	Graduated?	Degree, Diploma or Certificate Earned <i>(Specify the type)</i>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:	
Technical Training				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:	

VIII. PROFESSIONAL AFFILIATIONS

Please list any professional, civic, or school activities and offices held (excluding groups, the name or character of which, indicates race, color, religion, gender, national origin, handicap, marital or veteran status, bilingual), or any other information you feel may be helpful in considering you for the position(s) for which you are applying.

IX. SPECIAL SKILLS AND QUALIFICATIONS

Languages you can speak and/or write fluently (including American Sign Language) _____

Other Skills: Keyboard-Typing (wpm) _____ Computer skills _____

Summarize any special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Oakland Family Services.

AUTHORIZATION AND UNDERSTANDING

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Oakland Family Services may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I authorize Oakland Family Services to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this Application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Oakland Family Services is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any false information or misrepresentation of fact by me will result in my immediate discharge.

I also understand and acknowledge that, if hired; my employment and compensation will be at the will of Oakland Family Services and can be terminated, with or without cause, and with or without notice, at any time at the option of either Oakland Family Services or myself. I further understand and agree that no manager, representative, agent, or employee of Oakland Family Services, other than its President, has now or has had in the past, any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of Oakland Family Services in order for it to be effective.

Furthermore, I agree that if I become employed by Oakland Family Services, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against Oakland Family Services or its agents more than 180 calendars days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process, I will be required to undergo drug screening, and that my employment is contingent upon negative results. If hired, I may be required to submit to medical/physical examinations (which may also include tests for drugs and/or alcohol) at Oakland Family Services' discretion and expense.

(Applicant's Signature)

(Date)

Please Read

This application will only be considered for 90 days after its receipt by Oakland Family Services. Should you wish to be considered for any other open positions after the expiration of this period, you must reapply.

Oakland Family Services is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, disability, height, weight, and marital status. Under the Persons with Disabilities Civil Rights Act and the Federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue hardship on the employer. A disabled individual may allege a violation against an employer regarding a failure to accommodate his or her disability under Michigan law only if the disabled individual notifies the employer in writing of the need for accommodation within 182 days after the date the disabled individual knew or reasonably should have known that an accommodation was needed.

**DO NOT WRITE BELOW THIS LINE
ADMINISTRATIVE USE ONLY**

Interviewed by _____ Date _____

Remarks _____

Hired Yes No Position _____ Program _____

Supervisor _____ Beginning Work Date _____