

Manistee County Council on Aging

Application for Employment

An Equal Opportunity Employer

260 St. Mary's Parkway, Manistee Michigan 49660

Complete application using black or blue ink. A resume may also be submitted, but may not be substituted for any part of the application form.

Personal Data

Name _____ Social Security Number _____

Address _____
Street/PO Box City State Zip

Telephone: Primary _____ Alternate _____

Are you authorized to work in the U. S. ? _____

Have you ever been convicted of a crime? _____ Are there any felony charges pending against you? _____ If yes, explain _____

Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose undue hardship on the employer. Disabled employees may request an accommodation to their disability by notifying the Manistee County Council on Aging Executive Director in writing of the need for accommodation within 182 days of the date the disabled employee knows or should know that an accommodation is needed. Failure to properly notify Manistee County Council on Aging will preclude any claim that Manistee County Council on Aging failed to accommodate the disabled employee.

Can you perform the essential elements of the position for which you are applying with or without accommodation? _____

Position Data

Position applied for: _____

Working conditions you will accept: Hours/Days available for work _____

____ Full time ____ Part time ____ Temporary ____ On call

Date available for employment _____ Salary requirement _____

Educational Information

School Name and Location

Years Completed

Degree

Employment Experience

Include military service or volunteer work experience. When describing a position, list 3 or 4 major responsibilities and percent of time spent on each. Use the comment area at the end of this form to explain any gaps in your employment. Enter the most recent position first.

Name and Address of Company _____

Type of Business _____ Your Title _____

Employed from _____ to _____ Salary _____

Position Duties _____ Percent of time _____

Name and Address of Company _____

Type of Business _____ Your Title _____

Employed from _____ to _____ Salary _____

Position Duties _____ Percent of time _____

Name and Address of Company _____

Type of Business _____ Your Title _____

Employed from _____ to _____ Salary _____

Position Duties

Percent of time

Skills and Abilities

List any licenses or certifications you presently hold _____

List any other skills or competencies you have acquired which could be applied in a job setting:

References

Give name, address and telephone number of at least three references:

1. _____

2. _____

3. _____

Comments: Use this area to explain any gaps in your employment history and/or offer any other information you may feel assists us in evaluating your qualifications

Agreement

I agree that the facts contained in this application, including those on my resume or other information which I may have submitted, are true and complete and that I have not withheld any information which may affect my application for employment. I understand that false or misleading statements or material omissions on this application, my resume and/or any other information which I may have submitted, or stated when interviewed, are grounds to terminate the application process, or to terminate employment if it has begun, regardless of when the information is discovered.

I authorize an investigation of all statements set forth above, and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from any liability or damages that may result from furnishing this information to you.

I understand that if employed, I am required to abide by all rules and regulations of Manistee County Council on Aging. The Manistee County Council on Aging is an equal opportunity employer. The Manistee County Council on Aging does not discriminate in violation of any protection afforded by local, state or federal law. Sexual harassment is forbidden. Any person experiencing or witnessing such harassment should report it immediately to the Executive Director, who will take appropriate action. I understand that if, for some reason, I am uncomfortable reporting instances of harassment to the Executive Director, I am required to make a written report to the Manistee County Council on Aging Board of Directors.

I certify by my signature that I have read the foregoing, and that I am 18 years of age or older. I will provide documents to the Manistee County Council on Aging to establish my legal right to work in the United States.

I understand and agree that if hired, my employment is for no definite period of time and may, regardless of the payment of my wages and salary, be terminated at any time without prior notice by either the Manistee County Council on Aging or me, for any reason with or without cause. This provision supersedes any written or oral statements which may have been made as to my potential status if hired, and may not be changed or modified in any way. I understand that if hired, Manistee County Council on Aging also reserves the right to change benefits provided to employees at the Company's sole discretion and without notice.

Signature _____ Date _____

**MANISTEE COUNTY COUNCIL ON AGING
CONSENT**

**CONSENT TO OBTAIN CRIMINAL AND DRIVING RECORDS
PLEASE READ CAREFULLY BEFORE SIGNING**

I, _____, agree and consent to allow Manistee County Council on Aging to obtain any criminal records and all records relating to my motor vehicle driving history that may provide information regarding my qualifications to be a staff member or volunteer for this organization.

I agree to take no legal action against any public or private law enforcement agency or any other public or private agency that releases information about my record.

Any information that is released by the organization shall be shared with me by the organization so that I may have any opportunity to explain or defend my record and actions that are revealed by the investigation.

I have read the above consent form and voluntarily agree to sign this consent form.

Name (as it appears on your driver's license) _____

Address: _____

Date of Birth: _____ Drivers License # _____

Signature: _____ Date: _____

Witness: _____ Date: _____