



**(AN EQUAL OPPORTUNITY EMPLOYER)**  
**APPLICATION FOR EMPLOYMENT**

*Applications are active for a period of six (6) months from the date of application, after which time the application will no longer be considered.*

**GENERAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY?

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NUMBER)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER SERVED IN U.S. ARMED FORCES? \_\_\_\_\_ IF SO, WHICH BRANCH? \_\_\_\_\_

AREA OF TRAINING: \_\_\_\_\_ DATES OF DUTY: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN WHEN, WHERE AND THE NATURE OF THE OFFENSE: \_\_\_\_\_

\_\_\_\_\_

*(A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the offense, and rehabilitation will be considered.)*

DATE YOU CAN START: \_\_\_\_\_ HOURLY WAGE OR SALARY DESIRED: \_\_\_\_\_

WHAT TYPE OF POSITION ARE YOU APPLYING FOR? \_\_\_\_\_

IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES DRIVING, ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU HAD ANY ACCIDENTS IN THE PAST YEAR? \_\_\_\_\_ IF SO, WAS ANYONE INJURED: \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST YEAR? \_\_\_\_\_

HOW MANY DRIVING POINTS HAVE BEEN ASSESSED AGAINST YOU IN MICHIGAN OR ANY OTHER STATE IN THE PAST THREE YEARS? *(If other states, list each state)* \_\_\_\_\_



---

---

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST OR CURRENT EMPLOYER FIRST)**

---

---

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

---

STARTING DATE LEAVING DATE

MONTH                      YEAR MONTH                      YEAR

---

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

---

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

---

NAME AND TITLE OF SUPERVISOR TELEPHONE NO.

---

DESCRIPTION OF WORK

---

REASON FOR LEAVING

---

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

---

STARTING DATE LEAVING DATE

MONTH                      YEAR MONTH                      YEAR

---

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

---

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

---

NAME AND TITLE OF SUPERVISOR TELEPHONE NO.

---

DESCRIPTION OF WORK

---

REASON FOR LEAVING

---

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

---

STARTING DATE LEAVING DATE

MONTH                      YEAR MONTH                      YEAR

---

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

---

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

---

NAME AND TITLE OF SUPERVISOR TELEPHONE NO.

---

DESCRIPTION OF WORK

---

REASON FOR LEAVING

---

**OTHER INFORMATION**

*(INCLUDE INFORMATION ON SPECIAL STUDIES, TRAINING SKILLS, AWARDS OR HONORS YOU HAVE RECEIVED. YOU MAY USE THE SPACE BELOW TO LIST ANY OTHER INFORMATION NECESSARY TO ANSWER FULLY THE ABOVE, OR TO ADD ANY ADDITIONAL INFORMATION ABOUT YOURSELF THAT YOU WISH TO BE CONSIDERED.)*

---

---

---

---

---

## **DISABILITY ACCOMMODATION**

HAVE YOU REVIEWED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING? YES\_\_\_ NO\_\_\_

IF SO, CAN YOU PERFORM ANY OR ALL OF THE JOB FUNCTIONS CONTAINED IN THE JOB DESCRIPTION WITH REASONABLE ACCOMMODATION, IF NECESSARY? YES\_\_\_ NO\_\_\_

## **NOTICE OF MEDICAL EXAMINATION**

ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON YOUR ABILITY TO PASS A MEDICAL EXAMINATION PRIOR TO THE COMMENCEMENT OF EMPLOYMENT.

## **PLEASE READ CAREFULLY**

I HEREBY CERTIFY THAT THE STATEMENTS I HAVE GIVEN ON THIS APPLICATION ARE TRUE AND THAT I HAVE NOT WITHHELD ANY INFORMATION THAT MIGHT, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND AND AGREE THAT ANY STATEMENTS MADE BY ME ON THIS APPLICATION THAT PROVE TO BE FALSE OR MISLEADING OR INCOMPLETE WILL PREVENT ME FROM BEING HIRED, OR IF HIRED, WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE THE REFERENCES AND PREVIOUS EMPLOYERS LISTED ABOVE TO PROVIDE TO **SOCWA** ANY AND ALL INFORMATION CONCERNING ANY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION, INCLUDING DISCIPLINARY INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, REGARDING ME. I ALSO AUTHORIZE **SOCWA** TO PROVIDE ANY AND ALL INFORMATION, INCLUDING DISCIPLINARY INFORMATION, CONCERNING MY EMPLOYMENT WITH **SOCWA**, PERSONAL OR OTHERWISE, TO ANY SUBSEQUENT OR PROSPECTIVE EMPLOYER. I RELEASE ALL PARTIES FROM ALL CLAIMS FOR LIABILITY FOR ANY DAMAGES THAT MAY RESULT. I SPECIFICALLY WAIVE ANY RIGHT TO BE NOTIFIED UNDER SECTION 6 OF THE MICHIGAN BULLARD-PLAWECKI ACT OF THE RELEASE OF PERSONNEL FILE INFORMATION BY PRIOR EMPLOYERS AND THE RELEASE OF PERSONNEL FILE INFORMATION TO SUBSEQUENT OR PROSPECTIVE EMPLOYERS BY **SOCWA**.

I HEREBY AUTHORIZE **SOCWA** TO CONTACT SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS OR OTHER PERSONS LISTED IN THIS APPLICATION AND AUTHORIZE THOSE SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS AND OTHER PERSONS TO RELEASE TO **SOCWA** ANY ACADEMIC, SERVICE OR PERFORMANCE RECORDS, OR OTHER INFORMATION REGARDING ME. I HEREBY RELEASE SAID SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS AND OTHER INDIVIDUALS FROM ANY AND ALL LIABILITY AND DAMAGES FOR RELEASING SAID RECORDS OR INFORMATION.

## **AGREEMENT TO LIMIT THE STATUTE OF LIMITATIONS PERIOD**

I AGREE THAT ANY CLAIM OR LAWSUIT ARISING OUT OF MY EMPLOYMENT WITH, OR MY APPLICATION FOR EMPLOYMENT WITH **SOCWA** MUST BE FILED NO MORE THAN SIX MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. WHILE I UNDERSTAND THAT THE STATUTE OF LIMITATIONS FOR CLAIMS ARISING OUT OF AN EMPLOYMENT ACTION MAY BE LONGER THAN SIX MONTHS, I AGREE TO BE BOUND BY THE SIX-MONTH PERIOD OF LIMITATIONS SET FORTH HEREIN, AND I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

IN CONSIDERATION FOR MY EMPLOYMENT, I HEREBY AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND POLICIES ESTABLISHED BY **SOCWA** FOR ITS EMPLOYEES INCLUDING SUCH NEW OR REVISED RULES, REGULATIONS AND POLICIES AS MAY BE SUBSEQUENTLY ESTABLISHED. I UNDERSTAND THAT **SOCWA** MAY, FROM TIME TO TIME, MAKE UNILATERAL CHANGES IN ITS RULES, REGULATIONS AND PERSONNEL PRACTICES AND POLICIES THAT WILL AFFECT ME AND THAT MY EMPLOYMENT MAY BE SUBJECT TO UNILATERAL ADJUSTMENTS IN COMPENSATION, FRINGE BENEFITS, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT, INCLUDING LAYOFFS. I FURTHER HEREBY EXPRESSLY AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER **SOCWA** OR MYSELF, EXCEPT AS PROVIDED IN ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT OR INDIVIDUAL WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OF **SOCWA**. I FURTHER UNDERSTAND AND AGREE THAT NO OFFICER, AGENT OR REPRESENTATIVE OF **SOCWA** OTHER THAN THE PRESIDENT OF **SOCWA**, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OR AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT CONTRARY TO THE FOREGOING MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF **SOCWA** AND ME OR MUST BE CONTAINED IN AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

employment application  
February 2014