



# COMMUNITY ACTION AGENCY HUMAN RESOURCES AUTHORITY

Menominee ■ Delta ■ Schoolcraft

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_  
Last, First, Middle Initial (Also list all/former names)

Address: \_\_\_\_\_  
House Number, Street, Apt.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ US Citizen? Y /N Date Available: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you able to work evenings and weekends, if necessary? Y N

Do you have a valid driver's license? Y N If yes, number: \_\_\_\_\_ State: \_\_\_\_\_

If applying for Bus Driver position, do you have a current chauffeur's license or CDL? Y N

Are you State Certified? Y N (We will need a copy of license and certification for our records.)

Have you ever been convicted of any offense greater than a minor traffic violation? Y N

If yes, Penalty: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Charge: \_\_\_\_\_

Are you able to perform the essential job duties with or without accommodation? Yes \_\_\_ No \_\_\_ (Reasonable accommodation will be provided if necessary, or if notification is given, in order to allow disabled applicants to perform the essential functions of the position applied for).

### EDUCATION

Name & Location	Highest Year Completed	Course of Study	Degree/Diploma
High School	9 10 11 12		
Technical School			
College			
Graduate School			
Other			

Foreign Languages Spoken: \_\_\_\_\_ Read: \_\_\_\_\_

**WORK EXPERIENCE**

Employer:		Job Title:	
Address:		Nature of Work:	
Employment Date:	To (mo/yr) From (mo/yr)	Salary:	\$ _____ per _____
Phone:		Supervisor:	
Reason for Leaving:			

Employer:		Job Title:	
Address:		Nature of Work:	
Employment Date:	To (mo/yr) From (mo/yr)	Salary:	\$ _____ per _____
Phone:		Supervisor:	
Reason for Leaving:			

Employer:		Job Title:	
Address:		Nature of Work:	
Employment Date:	To (mo/yr) From (mo/yr)	Salary:	\$ _____ per _____
Phone:		Supervisor:	
Reason for Leaving:			

If employed, may we contact your current employer? Y N  
 Have you ever worked for MDS Community Action? Y N If yes, which department? \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ When: \_\_\_\_\_

**REFERENCES**

List a combination of three employment and personal references and check in the box if they are *employer* or *personal*.

Name	Address	Phone	Employer	Personal

I certify that the answers that appear on this application are complete and true. I hereby authorize my former employers to furnish their records of my service and my reason for leaving their employment, together with all information they may have concerning me whether on record or not. I also release any individual, partnership, or corporation which formerly employed me and/or schools, I attended, their officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

I realize falsification or omissions of any information on this application or during my interview, receipt of a poor reference, or failure to successfully complete a physical examination at any time may be cause for my rejection or dismissal.

I will submit to any physical examinations required at any time by MDS CAA & HRA Programs. If employed, I agree to observe at all times all MDS Community Action Agency & Human Resources Authority rules and regulations.

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

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.