



## Employment Application

Menominee-Delta-Schoolcraft Community Action Agency provides equal employment opportunities to all employees and applicants for employment without regard to race, color, creed, ancestry, national origin, citizenship, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, religion, age, disability, genetic information, height, weight, service in the military, or any other characteristic protected by applicable federal, state, or local laws and ordinances.

**GENERAL INFORMATION**

Name: \_\_\_\_\_ (Last, First, Middle Initial) \_\_\_\_\_ (List all former names)

Address: \_\_\_\_\_ (House Number, Street, Apt./ Lot) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Are you eligible to work in the United States?  Yes  No

Are you able to perform the essential functions of this position, with or without a reasonable accommodation?  Yes  No

Do you have a valid driver's license?  Yes  No

If applying for an Early Childhood Program Bus Driver position, do you have a current CDL?  Yes  No

Have you ever been *convicted* of any offense greater than a minor traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

Penalty: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

**EDUCATION**

	Name & Location	No. of Years Attended	Subject Studied	Degree/Diploma
High School/GED				
Technical School				
College				
Other Training/Skills				

**WORK EXPERIENCE**

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Employment Dates: \_\_\_\_\_ - \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
 Summary of Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
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 Employment Dates: \_\_\_\_\_ - \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
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 Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Employment Dates: \_\_\_\_\_ - \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
 Summary of Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

If employed, may we contact your current employer?  Yes  No  
 Have you ever worked for MDS Community Action Agency?  Yes  No Dates: \_\_\_\_\_  
 Program: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Are you related to any MDS CAA employees or board members?  Yes  No  
 Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

Please list a combination of three personal and professional references.

Name	Phone	Email Address	Personal	Professional

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MDS Community Action Agency (MDS CAA) to hire me. If I am hired, I understand that either the Agency or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of MDS CAA has the authority to make any assurance to the contrary.  
 I attest with my signature below that I have given MDS CAA true and complete information on this application. I understand giving false or misleading information on any part of this application for employment can result in disqualification for employment consideration or, if hired, may be grounds for termination.  
 I authorize MDS CAA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have omitted information, I understand that this will constitute cause for the denial of employment or immediate dismissal. 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 will submit to any physical examinations required by MDS CAA programs. If employed, I agree to observe all MDS CAA rules and regulations.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date