

Employment Application
An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify Cathy Farnsworth as soon as possible.

ACRDC Inc. Company is an Equal Opportunity Employer. It is the policy of ACRDC Inc to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

Date of Application

Name (first, middle, last)

Social Security Number

Present Address (street, city, state, zip code)

Home Telephone or Number You Can be Reached at

Business Telephone

Position Desired

Date Available

-
1. Are you at least 18 years old? Yes No

 2. Work Permit No. _____ (if under 18)

 3. Have you ever been convicted of a crime which has not been annulled, expunged or sealed by the court? (A "Yes" answer will not automatically disqualify you). Yes No

 4. Are there any felony charges pending against you? Yes No

 5. Have you previously been employed by ACRDC, Inc.? Yes No
If yes, when: _____; where _____
Under what name: _____

 6. Have you submitted an application to ACRDC, Inc. before? Yes No
If yes, when: _____; where _____
Under what name: _____

Complete the following only if the position requires a driver's license:

Driver's License Number: _____

Has your driver's license ever been revoked or suspended?

Yes No

If yes, for what reason: _____

List any moving violations during the last three (3) years:

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____

State: _____

Schools attended other
than High School

Location
(State)

Course or
Major Studied

Dates
Attended

Degree

ABILITY

Can you perform the essential duties/functions of the job for which you are applying (See: attached check-list), with or without accommodation? Yes No

List any other relevant job related experience (e.g. vocational, military training, etc.).

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment.

Company Name	Company Address	Phone Number
Position Held/Job Title		Dates of Employment
Name and Title of Immediate Supervisor		
Reason for Leaving	Salary	
Brief Description of Duties		

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REFERENCES: Please provide two professional references and one personal reference. Persons should not be related to you and have known you for more than one year.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, contact: _____
Name

Address

Telephone

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Agency if employed.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Agency, with or without cause, and without any previous notice. I also understand and agree that the Agency has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Company employee nor representative, other than its Executive Director, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Executive Director of the Agency. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Agency are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by ACRDC, Inc. you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

_____	_____
Date	Signature