



# APPLICATION FOR EMPLOYMENT

*Please complete the entire form*

## I. GENERAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If under 18 years of age, please state your age \_\_\_\_\_

If you receive an employment offer, can you provide required documents to prove that you are legally permitted to work in the United States? ☐ Yes ☐ No

Have you been previously employed at Oakland Family Services under current or other name? ☐ Yes ☐ No

If you were previously employed, please provide dates, position held, and reason for leaving \_\_\_\_\_

List any relatives currently or previously employed at Oakland Family Services \_\_\_\_\_

## II. EMPLOYMENT DESIRED

Position(s) you are applying for \_\_\_\_\_

☐ Full Time ☐ Part Time

If part time, please specify hours/days desired \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

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

Where did you hear about this position?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> LinkedIn                       | <input type="checkbox"/> College/University Job Board    | <input type="checkbox"/> Indeed.com              |
| <input type="checkbox"/> Michigan Talent Bank           | <input type="checkbox"/> Craig's List                    | <input type="checkbox"/> Current Employee: _____ |
| <input type="checkbox"/> GlassDoor                      | <input type="checkbox"/> Directly Contacted by HR        | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Oakland Family Service Website | <input type="checkbox"/> 3 <sup>rd</sup> Party Recruiter |  |
| <input type="checkbox"/> Facebook                       | <input type="checkbox"/> Job Fair/Hiring Event           |  |

Can you perform all of the job functions of the position for which you are applying with or without a reasonable accommodation? ☐ Yes ☐ No

*Please note that the need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.*

### III. EMERGENCY CONTACT INFORMATION

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

### IV. BACKGROUND INFORMATION

*Due to the sensitive and confidential nature of our business, background, driving and criminal history records may be reviewed prior to any contingent offers of employment. Please note that a "yes" response does not automatically disqualify an applicant from further consideration. Each situation is evaluated relative to the position being sought. Factors such as the age and nature of the offense, and rehabilitation will be taken into account. **Please initial to indicate your agreement to this process:***

☐

Michigan Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Names previously used (including maiden name) \_\_\_\_\_

**Please check off any incident or infraction that may appear on your driving record within the last five (5) years.**

- |   |   |
|---|---|
| <input type="checkbox"/> Speeding                                     | <input type="checkbox"/> Failure to stop/yield                                  |
| <input type="checkbox"/> Accident                                     | <input type="checkbox"/> Driving without license, registration and/or insurance |
| <input type="checkbox"/> Driving under the influence of alcohol/drugs | <input type="checkbox"/> Reckless/careless driving                              |
| <input type="checkbox"/> Seatbelt compliance                          | <input type="checkbox"/> Distracted driving                                     |
| <input type="checkbox"/> Traffic light compliance                     | <input type="checkbox"/> Other: _____   |

**For any boxes checked, please indicate year, city/state and explanation for infraction:**

**Have you ever been convicted of a crime (misdemeanors and/or felonies) filed against you?**

☐ Yes ☐ No

**Are there any felony charges pending against you?**

☐ Yes ☐ No

**Have you ever plead "no contest" or received deferred adjuration for any charges filed against you?**

☐ Yes ☐ No

**If you answered yes to any of the three questions above, please include dates and any circumstances of any incidents. A "yes" response does not automatically preclude employment. The nature and date of the crime, and the job(s) at issue, will be evaluated.**

## V. EMPLOYMENT HISTORY

Please complete this section – do not indicate “See Resume”. List your current or most recent job first.

Dates (Month & Year)	Employer Name Address & Phone	Position Held	Supervisor Name and Title	Reason For Leaving	Salary
From:					Start:
To:					End:
From:					Start:
To:					End:
From:					Start:
To:					End:
From:					Start:
To:					End:

If you are currently employed, may we contact your employer at this time? ☐ Yes ☐ No

If no, when: \_\_\_\_\_

Have you ever been discharged, suspended or asked to resign from employment? ☐ Yes ☐ No

## VI. PROFESSIONAL REFERENCES

Please provide 3 business or professional references. At least 2 of the references must be or have been a supervisor.

Name	Address & Phone	Position or Title	Employer	Yrs. Known	Supervisor
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## VII. EDUCATION

	Name & Location	Major Subject(s) Studied	# of Years Attended (for verification purposes only)	Did You Graduate?	Degree, Diploma or Certificate Earned (Specify the type)
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## VIII. PROFESSIONAL AFFILIATIONS

Please list any professional, civic, or school activities and offices held (excluding groups, the name or character of which, indicates race, color, religion, gender, national origin, disability, marital or veteran status, bilingual), or any other information you feel may be helpful in considering you for the position(s) for which you are applying. \_\_\_\_\_

## IX. SPECIAL SKILLS AND QUALIFICATIONS

Languages you can speak and/or write fluently (including American Sign Language) \_\_\_\_\_

Computer skills \_\_\_\_\_

Summarize any special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Oakland Family Services

\_\_\_\_\_

## AUTHORIZATION AND UNDERSTANDING

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Oakland Family Services may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I authorize Oakland Family Services to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this Application to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Oakland Family Services is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any false information or misrepresentation of fact by me will result in my immediate discharge.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Oakland Family Services and can be terminated with or without cause, and with or without notice, at any time at the option of either Oakland Family Services or myself. I further understand and agree that no manager, representative, agent, or employee of Oakland Family Services, other than its President, has now or has had in the past, any authority to enter into any agreement for employment for any specified period of time or to make any agreement or representation altering my at will employment status, and that any such agreement or representation must be in writing and signed by both myself and the President of Oakland Family Services in order for it to be effective.

Furthermore, I agree that if I become employed by Oakland Family services, then in consideration for my employment and to the fullest extent allowed by applicable law I will not commence any action, including any administrative claim or suit, against Oakland Family Services or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process, I will be required to undergo drug screening, and that my employment is contingent upon negative results. If hired, I may be required to submit to medical/physical examinations (which may also include tests for drugs and/or alcohol) at Oakland Family Services' discretion and expense.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## Please Read

*This Application will only be considered for 90 days after its receipt by Oakland Family Services. Should you wish to be considered after the expiration of this period, you must reapply. Oakland Family Services is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, disability, height, weight, and marital status. Under the Persons with Disability, Civil Rights Act, and the Federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant disability unless the accommodation would impose an undue hardship on the employer. A disabled individual may allege a violation against an employer regarding failure to accommodate his or her disability under Michigan law only if the disabled individual notifies the employer in writing of the need for accommodation within 182 days after the disabled individual knew or reasonably should have known that an accommodation was needed.*