



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 Qualified applicants are considered for employment without regard to race, age, color, sex, religion, national origin, citizenship, height, weight, marital status or disability.

The Community House
 380 South Bates Street
 Birmingham, MI 48306
 248-644-5832 Fax 248-644-2476

ANSWER ALL QUESTIONS – PLEASE PRINT

Name _____ Date _____
(last) (first) (middle initial)

Address _____ Telephone No. _____
(street) (apt. No.) (city) (state) (zip) (day) (evening)

Are you known to schools/references by another name? Yes No If yes, by what name? _____

Position Applying For _____ Full-Time Part-Time Salary Required _____

Date Available _____ Hours Available _____

Are you 18 years of age or older? Yes No If no, do you have working papers? Yes No

Do you have the legal right to work in the United States? Yes No

Have you been employed here before? Yes No If yes, give dates and position(s) held _____

Have you ever been convicted of a crime? Yes No If yes, when, where and nature of offense _____

List any relatives employed by The Community House (name/relationship) _____

Have you served in the Armed Forces of the United States? Yes No If yes, give dates: From _____ To _____

Are you at present in any active or inactive reserve or the National Guard? Yes No

EDUCATION	Name and Address of School	Course of Study	Circle Last Year Completed	Did you graduate?	List Diploma or Degree
High School			1 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			3 4	Year	
College			1 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			3 4	Year	
Other (specify)			1 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			3 4	Year	

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Date From	Employer Name	Employer Address		
_____	_____	_____		
Date To	Employer Phone No.	Job Title	Ending Salary/Hrly Rate	Reason for Leaving
_____	_____	_____	_____	_____

Date From	Employer Name	Employer Address		
_____	_____	_____		
Date To	Employer Phone No.	Job Title	Ending Salary/Hrly Rate	Reason for Leaving
_____	_____	_____	_____	_____

Date From	Employer Name	Employer Address		
_____	_____	_____		
Date To	Employer Phone No.	Job Title	Ending Salary/Hrly Rate	Reason for Leaving
_____	_____	_____	_____	_____

Date From	Employer Name	Employer Address		
_____	_____	_____		
Date To	Employer Phone No.	Job Title	Ending Salary/Hrly Rate	Reason for Leaving
_____	_____	_____	_____	_____

If you are now employed, may we contact your present employer? Yes No Have you ever been discharged or forced to resign? Yes No If yes, give reason _____

GENERAL INFORMATION

Use the space below to describe your interest in The Community House and the skills and aptitudes that you possess that you believe qualify you for a position. Indicate training or skills which are applicable to the position for which you are applying. You may wish to include civic and community activities and professional societies in which you participate that you believe would be of use in evaluating your qualifications.

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT OF CONDITIONS

Truthfulness of Application Information

All the information provided by me in support of my application for employment is true and complete. Any false information, misrepresentation, or material omission may result in discipline or discharge.

Authorization of Disclosures

The Community House may verify all information on this application. I authorize all individuals and organizations named in this application to provide verification information, including their opinions about me and my performance. I further authorize them to release any information from my personnel record, including my prior disciplinary record to The Community House without any written notice to me of that disclosure. I release these individuals and organizations from any liability that may result from the verification process or the disclosure of my personnel record.

I waive any claims based on any of these inquiries and disclosures. I also release The Community House from any liability based on the inquiries and disclosures.

Accommodation of Handicaps

I understand that The Community House will reasonably accommodate, as required by law, handicapped employees. I further understand that, if I am employed, under Michigan law, I have 182 days from the date I know or reasonably should know that an accommodation is needed to request, in writing, an accommodation.

Expiration of Application

This application will be null and void after six months.

At-Will Employment

If hired, I agree:

1. The Community House may terminate my employment at its will for any reason or no reason, with or without cause, at any time, with or without advance notice or warning, and its decision is not subject to outside review, except as may be provided by applicable statute.
2. That The Community House has the sole right to make all job assignments, to set all terms of compensation and benefits and to determine whether I will remain employed, be terminated or laid off.
3. No employee, manager, department head or other representative of The Community House, other than the President & CEO, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment as explained in Paragraph 1.
4. Only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the President & CEO of The Community House can modify the at-will nature of my employment as explained in Paragraph 1.
5. No other oral or written statement, policy, or practice can change the at-will nature of my employment as explained in Paragraph 1. My acceptance of employment as an at-will employee would supersede and negate any prior statements or agreements, oral or written, that The Community House would employ me on other than an at-will basis or for other than an indefinite term.
6. That any employee handbook and other materials that may be distributed to me during the course of my employment shall not be construed as a contract or in any way alter my at-will employment relationship.
7. To abide by all policies and procedures of The Community House.

Documentation and Certification of Authorization to work in the USA

I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States and that failure to produce the documents will result in revocation of the offer or the termination of employment.

Applicant's Signature

Date