

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer and adhere to the principals and practices which prohibit discrimination in the application process or employment on the basis of race, sex, religion, national origin, age, citizenship, marital status, disability, height or weight or any other prohibited considerations under local, state or federal law.

Please print. All responses must be completed in full.

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| **GENERAL INFORMATION** | Last Name: First Name: Middle Name: | |
| Address: City, State, Zip:  E-mail: | |
| Telephone: ( ) | Alternate Telephone: ( ) |
| Rate of pay expected: | Date available for work: |
| Describe any skills, training or experiences which qualify you for the position for which you are applying.  Do you have a valid, current driver’s license?  Yes  No. | |
| Include any other name(s) used in employment for the last five (5) years other than the one listed above. | |
| Why do you want to work at Resolution Services? | |
| Have you been employed here before?  Yes  No  If “yes”, provide year you left employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Have you applied here before?  Yes  No  If “yes”, provide month: , year: | |
| Are you 18 years of age or older?  Yes  No If “no”, you must complete a work permit. | |

**~ YOU MUST COMPLETE ALL PAGES ~**

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| **EMPLOYMENT HISTORY** | **Company Name (present or most current)**  May we contact this employer (if current)  Yes  No | | Telephone  ( ) | |
| Address City, State, Zip | | | |
| Job title and description of work | | | |
| Name and title of supervisor | Starting Pay Ending Pay  $ $ | | |
| Reason for leaving | Voluntary  Involuntary | | Are you eligible for rehire?  Yes  No |
| Dates of employment (Month/Year)  From To | | | |
| **Company Name (present or more current)**  May we contact this employer (if current) | | Telephone  ( ) | |
| Address City, State, Zip | | | |
| Job title and description of work | | | |
| Name and title of supervisor | Starting Pay $  Ending Pay $ | | |
| Reason for leaving | Voluntary  Involuntary | | Are you eligible for rehire?  Yes  No |
| Dates of employment (Month/Year)  From To | | | |
| **Company Name (present or more current)**  May we contact this employer (if current) | | Telephone  ( ) | |
| Address City, State, Zip | | | |
| Job title and description of work | | | |
| Name and title of supervisor | Starting Pay $  Ending Pay $ | | |
| Reason for leaving | Voluntary  Involuntary | | Are you eligible for rehire?  Yes  No |
| Dates of employment (Month/Year)  From To | | | |

Have you listed all employment for the previous five (5) years?  Yes  No

If “no”, please attach a separate sheet with all information as requested above and include your signature and date.

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| **EDUCATION** | **Name and Location of School** | | **Course of Study** | **GPA** | **Degree or Diploma** |
| High School |  |  |  |  |
| Post HS |  |  |  |  |
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| Post HS |  |  |  |  |

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| **PROFESSIONAL REFERENCES** | **Name** | **Email Address** | **Telephone** | **Work Relationship** |
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| **OTHER BACKGROUND INFO** | Have you ever been convicted of a felony or misdemeanor crime (not including traffic civil  Infractions):  Yes  No |
| Have you ever been arraigned or arrested for a felony, which did not result in a conviction?  Yes  No  **Important Note:** A criminal record does not necessarily disqualify an applicant for employment, but will be considered with all other information to determine whether you will be hired and what duties you may be assigned. Dishonesty about a criminal record will disqualify you. A felony arrest, which did not result in a conviction, is not considered in the decision to hire, but we will investigate the circumstances of the arrest when appropriate to make certain that you possess the good moral character required of our employees. |
| Do you have any felony charges pending against you at this time?  Yes  No |
| If you answered “yes” to any of the above questions in this section, indicate each offense for which you were convicted and the year of conviction. If you were arrested but not convicted, indicate the charge, the year of charge and how the charge was resolved or if it is still pending. |
| Please describe any military experience or background, including your highest rank attained and any specialized schooling or training that might be helpful in your employment with us. |
| How did you learn of this position? |

**APPLICANT’S CERTIICATIONS, AUTHORIZATION AND ACKNOWLEDGMENTS**

I certify that the information provided in this application and any accompanying paperwork or resume is accurate and true, and that I have not omitted any requested information from the application. I understand that false or misleading information during the application process or a material omission in the application will disqualify me from further consideration for employment, and that if false or misleading information or a material omission is discovered later, it will result in my immediate termination.

I certify that I am authorized to work in this country.

I understand that if I am given an offer of employment, it may be conditioned upon satisfactory results of a background investigation and criminal record check, drug screening testing or a job-related physical examination.

I authorize RSC to investigate all statements contained in this application or made by me during the application process. I authorize my previous employers to give RSC all facts, opinions and evaluations concerning my previous employment, and any other information, which they may have, personal or otherwise. I release all persons providing this information from liability of any kind, which may allegedly arise from furnishing this information to RSC. A signed copy of this Certification and Release will serve as my written authorization for these persons to release this information. This authorization also serves as a waiver of my right to be notified of the disclosure of any information, which may be contained in my personnel records from any previous employment. This waiver is made under Section 6(3)(a) of the Bullard-Plawecki Employee Right to Know Act [MCL 423.506(3)(a)]. Any previous employer of mine may rely upon a photostated copy of this document to release information about me.

I understand that, if I am hired by RSC, my employment will be on an at-will basis. This means that either RSC or I could terminate my employment at any time, with or without a good reason, and with or without prior notice. I understand that no person has the authority to alter the at-will nature of the employment relationship status except for the Executive Director, and in order for that alteration to be valid, it would have to be in writing and signed by the Executive Director.

I agree to comply with all RSC rules, regulations and policies, as they may be amended from time to time.

In consideration for my employment with RSC I agree that I will submit any dispute arising out of my employment or the termination of my employment with RSC to mediation, and if not resolved in mediation, then to binding arbitration as allowed by the Federal Arbitration Act, as set forth in RSC policies and procedures, and in accordance with the Employment Dispute Resolution Rules as established from time to time by the American Arbitration Association (AAA). I understand that this agreement to arbitrate includes every type of claim which I might be able to bring under any federal, state or local law or ordinance, including but not limited to, the Age Discrimination in Employment Act, or under the common law. This includes discrimination claims, harassment claims, whistleblower claims, wage and hour claims, tort claims and every other type of claim recognized under federal, state or local law or ordinance. I understand that this agreement to arbitrate does not include worker’s compensation claims, claims for unemployment benefits or claims specifically excluded from arbitration by RSC policies. I waive my right to a jury trial as to any cause of action which I am agreeing to arbitrate in consideration for my employment.

I understand that if I have a disability requiring any accommodation, I must request an accommodation in writing within 182 days of becoming aware of the need for an accommodation.

By signing this application, I certify that I have read, understand and agree to the statements contained above.

Signature of Applicant Date of Signature