ALCONA COUNTY COMMISSION ON AGING

CONSENT FORM

As an applicant to Alcona County Commission on Aging, I understand it is the agency's policy to secure conviction/ criminal history information as part of their pre-screening process using the information provided below, any criminal history will be kept confidential. Applications will be held for one year.

NAME: _____

(last) (first) (middle)

Maiden name/ names previously used:_____

_____

Birthdate: ___/___/_____ RACE:_____ SEX:_____

ADDRESS (STREET, CITY, STATE, ZIP) :_____

_____

I understand the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I authorize Alcona County Commission on Aging to utilizes the above information for the sole purpose for obtaining a conviction only criminal history file search.

_____

Applicant signature Date

ACCOA Employment Application

Personal Information

Full Name: _____

Last *First* *Middle*

Current Address _____

Street address *Apt/suite #*

_____

City *State* *Zip code*

Phone: _____ Email: _____

Are you applying for: ☐ Full Time
☐ Part Time
☐ Temporary
☐ Internship

If part time, specify days and hours: _____

Desired wage: $ _____ Available Start Date: _____

How did you hear about this opportunity? _____

If referred by current employee, please give employee name: _____

Do you have any relatives employed at ACCOA? ☐ Yes
☐ No

If yes, name & relationship: _____

Do you have any relatives that serve on the ACCOA Board of Directors? ☐ Yes ☐ No

If yes, Name & relationship: _____

Are you 18 years of age or older? ☐ Yes ☐ No

If No, can you furnish a work permit? ☐ Yes ☐ No

*Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing identity and eligibility to be legally employed in the United State ☐ Yes ☐ No

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require complete I-9 Form in this regard. I further understand that to be eligible for employment I must complete the entire application process which may include a medical examination for some positions.

Employment History

Please provide the following requested information regarding your employment history, include military service assignments and volunteer activities, you may exclude organizational names that include race, color, religion, gender, national origin, ancestry, age, disability or other protected status.

Current or most recent Employer

Are you currently employed? ☐ Yes ☐ No

Employer Name:_____

City & State:_____

Title:_____

From:_____ To: _____ Rate of pay: $_____

Reason for leaving: _____

Direct Supervisor:_____

Company phone:_____ Ok to contact? ☐ Yes ☐ No

Responsibilities & Duties:_____

_____

_____

2nd Previous Employer

Employer Name:_____

City & State:_____

Title:_____

From:_____ To:_____ Rate of pay: $_____

Reason for leaving: _____

Direct Supervisor:_____

Company phone:_____ Ok to contact? ☐ Yes ☐ No

Responsibilities & Duties:_____

_____

3rd Previous Employer

Employer Name:_____

City & State:_____

Title:_____

From:_____ To:_____ Rate of pay: $_____

Reason for leaving:_____

Direct Supervisor:_____

Company phone:_____ Ok to contact? ☐ Yes ☐ No

Responsibilities & Duties:_____

_____

_____

Have you ever been discharged from any position? ☐ Yes ☐ No

If yes, please explain:_____

_____

Is this a complete list of your employment? ☐ Yes ☐ No

If no, why not?_____

_____

Education/Training

High School

Name of school:_____

City & State:_____

Grade Completed:_____

Graduate or GED? ☐ Yes ☐ No

College or University

Name of School: _____

City & State: _____

Course or Major: _____

Years completed: _____

Degree: _____ Graduate? ☐ Yes ☐ No

Graduate School

Name of School: _____

City & State: _____

Course or Major: _____

Years completed: _____

Degree: _____ Graduate? ☐ Yes ☐ No

Do you have any Special/Technical Trainings/Accreditations or Endorsements? If yes, please list:

_____

_____

_____

What experiences, skills, or qualifications do you feel would especially qualify you for work with our organization? _____

_____

_____

Why do you desire employment with ACCOA? _____

_____

_____

_____

References

Please list three professional references – Exclude former employers or relatives.

1st Reference

Name:_____

Company:_____

Relationship:_____ Years known:_____

Phone:_____

Email:_____

2nd Reference

Name:_____

Company:_____

Relationship:_____ Years known:_____

Phone:_____

Email:_____

3rd Reference

Name:_____

Company:_____

Relationship:_____ Years known:_____

Phone:_____

Email:_____

Additional Information

Do you hold any professional licenses or certification? ☐ Yes ☐ No

If yes, please list and describe:_____

_____

Have you ever had a professional license revoked or suspended? ☐ Yes ☐ No

If yes, please list and describe:_____

Are you currently under investigation by any agency or department concerning any licensure or certification matter? ☐ Yes ☐ No

If yes, please list and describe: _____

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

Have you had any moving violations in the past five years? ☐ Yes ☐ No

If yes, please provide the following information

Description of violation: _____

Points accessed:_____

Date of violation:_____

Have you ever been convicted, as an adult of: an act of immoral conduct, contributing to the delinquency of a child, or, a felony of moral turpitude? ☐ Yes ☐ No

If yes, date of charge:_____

If yes, describe charge:_____

Have you ever been convicted of abuse or neglect of children/adults? ☐ Yes ☐ No

If yes, date of charge:_____

If yes, describe charge: _____

_____

_____

Have you ever been convicted of a crime, excluding routine traffic offenses? ☐ Yes ☐ No

If yes, date of charge: _____

If yes, describe charge: _____

_____

_____

Are there any criminal charges pending against you currently? ☐ Yes ☐ No

If yes, date of charge: _____

If yes, describe charge: _____

_____

_____

Applicant's statement

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize ACCOA to verify the information I have provided and to make any investigation of my background deemed necessary both at the time of application and later, during my employment, if I am hired. I understand that the types of investigations that ACCOA may perform include reference checks including personal, employment and educational reference checks and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by ACCOA to furnish any information relevant to my application for employment and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such lawful information. I also waive all written notice from all prior employers related to providing such information. Northeast Michigan Community Service Agency, Inc. (ACCOA) hereby discloses that it may obtain a criminal history report(s) for the purpose of considering my application for employment, other employment purposes or to volunteer for any ACCOA program(s). Reports may also be obtained during my employment or volunteer service with ACCOA, if required by a program, contract, or a need is identified.

I have no objection to signing an Employee Confidentiality Statement. I consent to all drug testing which may be required, both during the selection process and throughout employment, if I am hired.

Following a conditional offer of employment, I consent to a medical examination and to an alcohol test when job-related and consistent with business necessity.

I understand and agree that if I am hired, employment is “at will” and that either ACCOA or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings, which contradict an “at will” status of employment, are canceled. Further, I understand that only the Executive Director has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Executive Director and me.

In consideration of my employment, I agree to conform to the rules and policies of ACCOA.

This application for employment shall be considered active for the named position at time of posting only. If I wish to be considered for other openings (postings), I understand that I must submit a new application.

By signing this Application, I certify that all answers to questions in the application, and other reference documents are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

I have read and agree to this disclaimer ☐

Applicant Signature: _____

Date:_____

Legal Disclosures

TO THE EXTENT PERMITTED BY STATE LAW, I UNDERSTAND AND AGREE THAT I SHALL NOT COMMENCE ANY STATE LAW ACTION OR SUIT RELATED TO MY EMPLOYMENT WITH NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY: 1) MORE THAN SIX MONTHS AFTER THE TERMINATION OF MY EMPLOYMENT, IF THE ACTION OR SUIT IS RELATED TO THE TERMINATION OF MY EMPLOYMENT; OR 2) MORE THAN SIX MONTHS AFTER THE EVENT OR OCCURRENCE ON WHICH MY CLAIM IS BASED, IF THE ACTION OR SUIT IS BASED ON AN EVENT OR OCCURRENCE OTHER THAN THE TERMINATION OF MY EMPLOYMENT. WHILE I UNDERSTAND THAT THE STATUTE OF LIMITATIONS FOR STATE LAW CLAIMS ARISING OUT OF MY EMPLOYMENT WITH NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY MAY BE LONGER THAN SIX (6) MONTHS, I AGREE TO BE BOUND BY THE SIX (6) MONTH PERIOD OF LIMITATIONS SET FORTH HEREIN AND I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. SHOULD A COURT DETERMINE IN SOME FUTURE LAWSUIT THAT THIS PROVISION ALLOWS AN UNREASONABLE SHORT PERIOD OF TIME TO COMMENCE A LAWSUIT, THE COURT SHALL ENFORCE THIS PROVISION AS FAR AS POSSIBLE AND SHALL

DECLARE THE LAWSUIT BARRED UNLESS IT WAS BROUGHT WITHIN THE MINIMUM REASONABLE TIME WITHIN WHICH THE SUIT SHOULD HAVE BEEN COMMENCED.

I UNDERSTAND AND AGREE THAT I SHALL NOT COMMENCE ANY EEOC ADMINISTRATIVE ACTION RELATED TO MY EMPLOYMENT WITH NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY: 1) MORE THAN SIX MONTHS AFTER THE TERMINATION OF MY EMPLOYMENT, IF THE ACTION OR SUIT IS RELATED TO THE TERMINATION OF MY EMPLOYMENT; OR 2) MORE THAN SIX MONTHS AFTER THE EVENT OR OCCURRENCE ON WHICH MY CLAIM IS BASED, IF THE ACTION OR SUIT IS BASED ON AN EVENT OR OCCURRENCE OTHER THAN THE TERMINATION OF MY EMPLOYMENT. WHILE I UNDERSTAND THAT THE TIME PERIOD FOR FILING AN EEOC CHARGE MAY BE LONGER THAN SIX (6) MONTHS, I AGREE TO BE BOUND BY THE SIX (6) MONTH PERIOD OF LIMITATIONS SET FORTH HEREIN AND I WAIVE ANY STATUTE OF LIMITATIONS OR FILING REQUIREMENT TO THE CONTRARY.

TO THE EXTENT PERMITTED BY LAW, I UNDERSTAND AND AGREE THAT ANY FEDERAL LAW CLAIM OR LAWSUIT RELATING TO MY EMPLOYMENT WITH NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY MUST BE FILED NO MORE THAN 185 DAYS AFTER THE DATE OF FILING A PROPER AND TIMELY CHARGE WITH THE EEOC, NLRB, OR ANY OTHER ADMINISTRATIVE AGENCY. WHILE I UNDERSTAND THAT THE STATUTE OF LIMITATIONS FOR CLAIMS ARISING OUT OF AN EMPLOYMENT ACTION MAY BE LONGER THAN 185 DAYS, I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

By signing this Application, I certify that I have read the above mentioned waivers and limitations and state that I agree to abide by such waivers and limitations and further understand that I have had sufficient time to review such waiver and limitations with a lawyer and have signed below fully informed.

Applicant Signature:_____

Date:_____

DISCLAIMER: Nothing in this Application shall be construed to restrict an employee's rights under Sections 7 and 8(a)(1) of the National Labor Relations Act. No policy set forth in this Application shall be construed or understood to prevent an employee to engage in discussions or activities involving the terms and conditions of employment, wages, hours, and working conditions.

All information supplied on this form is confidential.