



**An Equal
Opportunity
Employer**

Eagle Village, Inc. Employment Application

4507 170th Avenue, Hersey, MI 49639

Application #12 _____

A Word to our Applicants:

It is our policy to offer equal employment opportunity to all applicants and employees based upon individual merit. We consider applicants for all positions without regard to race, color, religion, national origin, gender, age, marital status, height, weight or any other legally protected status.

In order to provide a pleasant, safe and productive work place, we prohibit harassment relating to a person's race, color, religion, gender, national origin, height, weight, age, marital status or non-qualifying disability.

We prohibit the use, distribution, sale or possession of alcoholic beverages, drugs and controlled substances (except for use of legitimately prescribed medication pursuant to a physician's order) while at work. We prohibit reporting to work under the influence of alcoholic beverages, drugs or controlled substances.

Eagle Village, Inc. is a smoke-free environment. Employees, visitors and residents may not smoke anywhere on Village property.

If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.

Personal Information

Name (Last, First, Middle Initial): _____

Previous name(s) used while a student or employee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____ Email: _____

Drivers License Number: _____ State: _____ Any moving violations in last three years? Yes No

Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have the legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been previously employed at EV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Have you ever been discharged, suspended by an employer or asked to resign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain.
Have you ever been convicted of any violation of the law other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain.
Are there any felony/misdemeanor charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain.
Can you perform the job functions for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain.

Employment Desired

Position(s) applied for: _____

Kind of work sought: Full time Part time On Call Casual Summer

If part time, please specify hours and days desired: _____

List any special training, skills, qualifications or other experiences that relate to the position(s) applied for: _____

Salary desired: _____

Date available for employment: _____

Date of application: _____

How were you made aware of this position?

EMPLOYMENT HISTORY

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

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor	
	Mo.	Year	Mo.	Year					
	Describe the work you did.						Job Title:		
							May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: _____							Best time to contact?		

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor	
	Mo.	Year	Mo.	Year					
	Describe the work you did.						Job Title:		
							May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: _____							Best time to contact?		

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor	
	Mo.	Year	Mo.	Year					
	Describe the work you did.						Job Title:		
							May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	Describe the work you did.						Job Title:		
							May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: _____							Best time to contact?		

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	Mo.	Year	Mo.	Year					
	Describe the work you did.						Job Title:		
							May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: _____							Best time to contact?		

Education / Licensing

Type of School	Name and Address	Years Completed	Did you Graduate?	Degree Received	Courses of Study
High School					
College					
Graduate					
Other					

License, Registration or Certification	Registration Number	Date Received	Expiration Date	State Licensing Agency

Military Service Record

Are you a veteran, surviving spouse or spouse of a disabled veteran discharged within the last five years? Yes No

If yes, are you registered with Civil Service for veterans' preference? Yes No

If yes, dates of service: _____ to _____ Branch: _____

Type of Discharge: _____ Rank at Discharge: _____

Are you active in the Reserves? Yes No Date obligation ends: _____

Special/technical training: _____

Personal References (Not relatives or former employers)

Name	Relationship to You	Address	Phone Number	Years Known

List friends or relatives currently working at Eagle Village, Inc.: _____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I agree and understand any falsifications, omissions, misstatements or misrepresentations will result in my forfeiting any rights of consideration for employment with Eagle Village, Inc. or, if hired, could lead to my dismissal.

I authorize Eagle Village, Inc. to verify any of the information concerning my employment and education with the appropriate individuals, companies, institutions or agencies. I waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers.

If hired, I understand I will serve at the will of Eagle Village, Inc., and I agree that I shall be bound by the rules, policies and regulations of Eagle Village, Inc. as they are from time to time changed, with or without notice to me. I understand that either party may terminate this "at will" employment relationship, with or without cause, at any time, for any reason.

I hereby authorize Eagle Village, Inc. to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property of money entrusted to me by, or owed by me to Eagle Village, Inc. during the course of my employment. I understand that these arrangements may only be altered in writing directed to me personally by the President / CEO of Eagle Village, Inc.

I understand that Eagle Village, Inc. is a drug free employer. I hereby give my consent to Eagle Village, Inc. and its agents or independent contractors to perform appropriate tests or examinations on me for alcohol and illegal drugs. If offered employment, I understand that my employment could be contingent upon the test results as prescribed in Policy #714, Drug Testing and is conditional until such time as the results of my pre-employment testing are known.

Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed. This does not preclude rights under federal law which establishes a 300 day status of limitation.

By signing this application, I am authorizing Eagle Village, Inc. to conduct a criminal history and background check, contact past employers regarding references and to check my motor vehicle operator license record as part of the pre-employment process.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Applicant Signature: _____ Date: _____

HIRED: Yes	<input type="checkbox"/>	Starting Date: _____	Department: _____	Job Title: _____
No	<input type="checkbox"/>	Comments: _____	Education Credit: _____	Years Experience: _____
Office Use:		_____	Other: _____	HR Recommended Wage: _____
		_____	Actual Wage: _____	



APPROVED BY:	Name: _____	Title: _____	Date: _____
	Name: _____	Title: _____	Date: _____
	Name: _____	Title: _____	Date: _____