

Tri-County Aging Consortium

5303 S. Cedar, Suite1

Lansing, MI 48911

www.tcoa.org

EMPLOYMENT APPLICATION

As required by law, Tri-County Aging Consortium does not discriminate in hiring or employment on the basis of a person's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information or other legally protected characteristics.

While this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. Tri-County Aging Consortium reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application but, in addition, you must complete this application and answer all the questions, even those which relate to information on your resume.

Please be sure that all your answers on this application are complete and correct. Any omission of relevant information, any attempt to create a misimpression, or any false or misleading statement may result in dismissal.

THIS ENTIRE FORM MUST BE COMPLETED IN FULL - PEN OR TYPEWRITTEN			
Date	Last Name	First Name	Middle
Address			
City		State	Zip
Telephone Number - Cell	Telephone Number - Home	Email address:	
Position desired:	Availability for work Full Time Part Time Temporary	Date available to start:	Minimum Salary you will consider:
Have you worked for Tri-county Aging Consortium previously? Yes No If "yes", give dates and positions held		Have you previously applied for employment with Tri-County Aging Consortium? Yes No If "yes", give dates and positions applied for	
Do you have the legal right to work in the United States? Yes No	Are you at least 18 years of age? Yes No	Do you have any relatives employed by Tri-County Aging Consortium? Yes No If "yes", give names and relationship to you.	
Have you ever been fired? Yes No	If "yes", please explain		
Have you ever been convicted of any crime? Yes No	If "yes", please explain		
Are there any charges pending against you? Yes No	If "yes", please explain		

EMPLOYMENT HISTORY:

Beginning with present or most recent, list all previous employers, including self-employment, summer, and part-time jobs. Please do not write "See resume." Complete the entire employment history even if a resume is also being submitted. If you need additional space, please continue on a separate sheet of paper.

Employer	Duties Performed
Address	
Telephone Number(s)	
Dates Employed From _____ To _____	Job Title
Ending Salary	Reason for Leaving
Supervisor's Name	May we contact this employer for a reference? Yes No
Employer	Duties Performed
Address	
Telephone Number(s)	
Dates Employed From _____ To _____	Job Title
Ending Salary	Reason for Leaving
Supervisor's Name	May we contact this employer for a reference? Yes No
Employer	Duties Performed
Address	
Telephone Number(s)	
Dates Employed From _____ To _____	Job Title
Ending Salary	Reason for Leaving
Supervisor's Name	May we contact this employer for a reference? Yes No

PREVIOUS ADDRESSES:

If your address has changed in the past 5 years, please list previous addresses within the United States. (except Military)

Address	City	State	Zip
Address	City	State	Zip

PLEASE LIST ANY AND ALL FORMER LAST NAMES:

PERSONAL REFERENCES

(Do not include relatives)

Name:	Address:	Title/Place of Employment
Home Phone:		Work Phone:
Name:	Address:	Title/Place of Employment
Home Phone:		Work Phone:
Name:	Address:	Title/Place of Employment
Home Phone:		Work Phone:

EDUCATION

(List all schools, colleges, and universities attended)

	Name and Address of School	Course of Study	Circle Last Year Completed	Degree/Diploma
High School			9 10 11 12	
Undergraduate College			1 2 3 4	
Undergraduate College			1 2 3 4	
Graduate Professional			1 2 3 4	
Other (Specify)			1 2 3 4	

Do you have a valid State of Michigan Drivers License, in good standing? **Yes** **No**

List any experience, certification, licenses, special skills, or knowledge which you feel may be relevant to the job you are seeking (enter license # and type of license if applicable):

List any other relevant skills or assets:

AUTHORIZATION AND WAIVER

Please read carefully and sign below if you agree to these terms of employment.

- ✓ I understand that by completing this application there is no guarantee of a job interview or a job offer.
- ✓ **References:** I authorize all previous employers and educational institutions to disclose to Tri-County Aging Consortium any and all information in their possession about my academic record and employment history, including disciplinary and other matters. I hereby waive written or other notice from prior employers and educational institutions of their release of any information to Tri-County Aging Consortium. I specifically release from liability any current or former employer, its agents, representatives, employees, officers, or directors, for giving such information to TCOA for this purpose, and release such agents from any liability to claim relating to their release of information. For purposes on the Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.
- ✓ **Criminal history/background check:** I authorize Tri-County Aging Consortium to obtain police reports and a criminal history /background check on me and I authorize all law enforcement agencies and their employees and agents disclose to Tri-County Aging Consortium any and all information in their possession concerning me. I hereby waive written or other notice from police, and law enforcement agencies of their release of any information to Tri-County Aging Consortium, and release such agents from any liability to claim relating to their release of information. All information obtained under these background checks is to be held in strict confidence and handled under the conditions of the law governing its appropriate use.
- ✓ **Physical examination:** I agree to submit to lawful physical examinations before and during my employment by a health care professional, at the request and expense of Tri-County Aging Consortium and I agree to disclose completely all lawful information requested at such examinations about my physical condition and medical history. I also agree that if I am employed, I will cooperate in such lawful medical tests (including blood, urine, or other testing) as Tri-County Aging Consortium requests whenever it determines it has reasonable cause to do so, to check for drugs and alcohol in my system, or for any other physical condition. I waive, release and promise not to make any claims against Tri-County Aging Consortium (or any testing agency retained by it, or their employees, owners, and agents) relating to any such testing, or from decision made regarding my employment or termination of employment based upon the results of such testing or analysis.
- ✓ **At-Will employment:** I understand and agree that, if hired, my employment will be at will. This means that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to Tri-County Aging Consortium and that Tri-County Aging Consortium also may terminate my employment at any time with or without cause and with or without prior notice, or warning. I understand that no one at Tri-County Aging Consortium, other than the Executive Director, acting with the approval of the Board of Directors, has any authority to offer employment other than this at-will basis and such offer must be in writing.
- ✓ **Property inspection** I agree that the contents of any offices, work spaces, lockers, desks or other Tri-County property I may be using, and any of my own property I bring onto Tri-County Aging Consortium's premises may be inspected at any time Tri-County Aging Consortium determines it has reasonable cause to do so, and I waive and promise not to make any claims against Tri-County Aging Consortium (or its employees or agents) relating to such inspection.
- ✓ **Confidentiality/privacy** I agree that, except as directed otherwise in writing by Tri-County Aging Consortium, I will not disclose to anyone or use my own purposes, any of Tri-County Aging Consortium's confidential and proprietary information, either during or after my employment. I understand and agree that client names and information are confidential and proprietary information. I will not make written or other such copies of or notes regarding the matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to Tri-County Aging Consortium all material on any kind that I have relating to its business, including any such copies of notes.
- ✓ I agree that if any of the above commitments by me if ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.
- ✓ If I am employed by Tri-County Aging Consortium, I agree to the above terms of employment. I will comply with all rules, regulations, policies, and communications directed to employees I understand and agree that, except as provided above, all benefits, programs, rules, schedules, and policies of Tri-County Aging Consortium are subject to exceptions or change at any time as decided by it in its sole discretion.
- ✓ I certify that all of the statements on this application are true and complete. I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that any false statements are grounds for not being hired; Furthermore, I understand that if Tri-County Aging Consortium at any time should determine that any of the requested information was withheld by me, or any of the statements furnished above were false or misleading I may be discharged.

Applicant Signature

Date

