

STRAITS AREA SERVICES, INC

Employment Application

Date: _____

APPLICANT INFORMATION					
Last Name		First		M.I.	Are you 18 years or over?
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Position Applied for:					
Do you have a valid Social Security Card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been employed by Straits Area Services?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you been convicted of or pleaded no contest to a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you had work experience with persons with developmental disabilities?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what?	
List any health care training you have had (e.g. CPR, First Aid Training, Group Home training, etc)					
Are you currently receiving cash assistance and or Bridge card? (optional)		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
EDUCATION (LIST MOST RECENT SCHOOLS FIRST)					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
PREVIOUS EMPLOYMENT (LAST 3)					
Company				Phone ()	
Address				Supervisor	
Job Title			Starting Salary	\$	Ending Salary
					\$
Responsibilities					
From		To	Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES

*Please list names, address and telephone numbers of three (3) references who are **NOT** relatives)*

Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

DISCLAIMER AND SIGNATURE

Straits Area Services, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You will not be denied employment solely because of convictions record, unless the offense is related to the job for which you have applied for. Applicants may be tested for illegal substances.

I hereby authorize previous employers, schools and other references to furnish Straits Area Services, Inc. information requested. I hereby release such organizations and persons from liability or damages incurred as a result of inquiry upon furnishing this information.

I certify the facts set forth in this application for employment are true and complete. I understand that any false statement made by me on this application shall be considered sufficient cause for dismissal regardless of the length of employment.

Signature	Date
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THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH STRAITS AREA SERVICES, INC.
AN EQUAL OPPORTUNITY EMPLOYER

Straits Area Services, Inc
Background Check

Authorization Form

Please print information below clearly and legibly:

Last Middle First

Other Names (Maiden, Alias, Marriage)

Date of Birth: _____ Male: _____ Female: _____

Driver's License and/ or Michigan Identification Number: _____

Expiration Date: _____

Telephone Numbers: Home _____ Work: _____

Other States/ Countries where you were a resident:

_____.

I acknowledge that my employment and/or volunteer work status is contingent upon the results of a background check. Therefore I authorize release of my criminal background information to Straits Area Services, Inc. I do hereby release all persons, organizations, and government agencies from any damages of, or resulting from, furnishing such information. I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Signature: _____ Date _____

For administrative personnel only:

Completed on: _____ By: _____ Accepted _____ Denied _____