



# Crawford County Commission on Aging & Senior Center

308 Lawndale St  
Grayling, MI 49738  
Phone (989) 348-7123  
Fax (989) 348-8342  
www/crawfordcoa.org  
director@crawfordcoa.org

## APPLICATION FOR EMPLOYMENT

CRAWFORD COUNTY COMMISSION ON AGING IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, GENETIC INFORMATION, HEIGHT, WEIGHT OR OTHER LEGALLY PROTECTED STATUS.

AUXILIARY AIDS, SERVICES, AND ALTERNATIVE FORMAT WILL BE MADE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES. MICHIGAN RELAY CENTER 1-800-649-3777 (VOICE AND TTY/TDD).

### Employment Desired

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Full Time  Part Time  On-Call If part time, specify days and hours: \_\_\_\_\_

How were you referred to the CCCOA?  Newspaper  School  Friend/Family  Michigan Works  Website  Other

Starting salary desired: \$ \_\_\_\_\_ Date available: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street P.O. Box

City State Zip Code

Telephone: . \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Please supply any other names you have used in school or at any previous job: \_\_\_\_\_

Are any of your relatives employed at CCCOA?  Yes  No

If yes, specify: \_\_\_\_\_

Ever applied to this company before?  Yes  No When? \_\_\_\_\_

Ever worked for this company before?  Yes  No When? \_\_\_\_\_

Are you 18 years old or older?  Yes  No If not, do you have proof of eligibility to work? \_\_\_\_\_

Are you Legally Authorized to work in the U.S.?  Yes  No

**EMPLOYMENT**

Please provide all full and part-time employment history including Military Service. Start with most recent employer.

Company Name: \_\_\_\_\_ Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Supervisor: \_\_\_\_\_ Job Title and Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact this employer for reference?**  Yes  No

Company Name: \_\_\_\_\_ Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Supervisor: \_\_\_\_\_ Job Title and Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact this employer for reference?**  Yes  No

Company Name: \_\_\_\_\_ Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Supervisor: \_\_\_\_\_ Job Title and Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact this employer for reference?**  Yes  No

Company Name: \_\_\_\_\_ Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Supervisor: \_\_\_\_\_ Job Title and Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact this employer for reference?**  Yes  No

**Personal References (excluding former employers or relatives)**

Name and Occupation	Telephone Number
_____	____ - ____ - ____
_____	____ - ____ - ____
_____	____ - ____ - ____

**EDUCATIONAL BACKGROUND**

**HIGH SCHOOL**

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Course of Study or Degree Conferred: \_\_\_\_\_

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**COLLEGE**

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Course of Study or Degree Conferred: \_\_\_\_\_

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**OTHER**

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Course of Study or Degree Conferred: \_\_\_\_\_

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**OTHER**

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Course of Study or Degree Conferred: \_\_\_\_\_

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- Do you have any Special/Technical Trainings/Accreditations or Endorsements?  Yes  No

If yes, please list : \_\_\_\_\_

\_\_\_\_\_

- What experiences, skills, or qualifications do you feel would especially qualify you for work with our organization in the position applied for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold any professional licenses or certifications? Yes No

If yes, please list and describe: \_\_\_\_\_

Have you ever had a professional license or certification 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 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: \_\_\_\_\_

Date of violation: \_\_\_\_\_

Have you been convicted of abuse or neglect of children/adults? Yes No If yes, provide details:

Describe charge: \_\_\_\_\_

Date of charge: \_\_\_\_\_

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes No If yes, provide details:

Describe charge: \_\_\_\_\_

Date of charge: \_\_\_\_\_

Are there any criminal charges pending against you currently? Yes No If yes, provide details:

Describe charge: \_\_\_\_\_

Date of charge: \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING**

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 CRAWFORD COUNTY COMMISSION ON AGING 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 CRAWFORD COUNTY COMMISSION ON AGING 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 CRAWFORD COUNTY COMMISSION ON AGING 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.

I have no objection to signing an Employee Confidentiality Statement.

In consideration of my employment, I agree to conform to the rules and policies of CRAWFORD COUNTY COMMISSION ON AGING.

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.

My signature below indicates that I have read and understood the above paragraphs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_