



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: _____

COLLEGE

Name of School: _____

City/State: _____ Did you graduate? Yes No

Course of Study or Degree Conferred: _____

OTHER

Name of School: _____

City/State: _____ Did you graduate? Yes No

Course of Study or Degree Conferred: _____

OTHER

Name of School: _____

City/State: _____ Did you graduate? Yes No

Course of Study or Degree Conferred: _____

- 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: _____

Do you smoke? Yes No

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: _____