BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South Escanaba, Michigan 49829

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

Name(Last)	(First)	Date of Application (Middle)			
Address	(FIISt)	Telephone Number			
(Number) (Street)	(City)	(Zip)			
		Are you 18 years or older? Yes \square No \square			
Are you a U.S. citizen? Yes	□ No □				
Are you authorized to work in	the United States? Yes No	- ·			
Have you been previously emp	ployed here? Yes 🗆 No 🗆 I	f yes, date(s)			
Supervisor Name(s)					
*		es, date(s)			
•					
List any mends of relatives w	orking here				
EMPLOYMENT DESIRED					
• •	Afternoon Night				
Date you can start:					
month	day year				
Kind of work sought: Full tin	ne Part time Other				
	ning, skills, qualifications or other ex	xperiences that relate to the position(s) applied for?			
Do you have any special train					

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

PRIOR EMPLOYMENT

(Start with most recent employer)

College 1 2 3 4 Name of last school attended Vocational or trade training REFERENCES (Do not include relatives or former employers) Name Address Phone Number Years Acquainted 1 2 3 4 Name Address Phone Number Acquainted ADDITIONAL INFORMATION Have you been convicted of a crime? Yes \(\sqrt{N} \) No \(\sqrt{N} \)	Employer			Phone:	From:	То:			
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If so, where, when and nature of offense	ADDITIONAL INFORMATION								
	Have you been convicted of a crime? Yes \square No \square								
State any additional information that you feel may be helpful to us in considering your application.	If so, where, when and nature of offense								
	State a								

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant Date FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview ☐ Yes \square No Remarks __ INTERVIEWER DATE NOTES