

Yates Dial-A-Ride
An Equal Opportunity Employer

1987 E. U.S. 10
Idlewild, MI 49642
(231) 745-7311

APPLICATION FOR EMPLOYMENT

Yates Dial-A-Ride (“Agency”) is an equal opportunity employer. It is the policy of the Agency to comply with all applicable laws that prohibit discrimination in employment based on a person’s race, color, religion, sex, age, national origin, marital status, disability, height, weight or any other reason prohibited by law.

INSTRUCTIONS:

1. Fill in all information legibly in ink.
2. Answer all questions accurately and completely.
3. Resumes will not be accepted in lieu of completed applications, but are considered to be supplemental information. Using “See resume” on the application is not acceptable.
4. Use a separate sheet of paper if you need to clarify any responses.
5. A separate application must be completed and submitted for each position for which you seek consideration.
6. Applications that are incomplete, unsigned or received after the deadline date (if applicable) will not be considered.
7. The Agency will not return resumes, transcripts, letters of reference, or any other documents submitted by the applicant.

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE APPLICATION WAS COMPLETED: _____

PERSONAL INFORMATION:

Full Name: _____

Present Address: _____

Permanent Address (if different): _____

Primary Telephone Number: _____

Alternate Telephone Number: _____

E-Mail _____

Are you legally authorized to work in the United States? Yes No

Are you 18 years of age or older?

Have you ever been convicted of a crime?
If yes, describe in full:

Have you ever been arrested for a felony?
If yes, describe in full:

Are there any hours, shifts or days that you cannot or will not work?
If yes, describe in full:

Are you willing to work overtime as required?

List any other names under which you have been employed
and/or which you have used for legal purposes during the previous 5 years (include dates):

GENERAL INFORMATION:

Earliest date available for work: _____ Salary desired: _____

Type of employment desired (full-time, part-time or temporary):

Have you ever been employed by this Agency before? Yes No

If yes, list dates, positions, supervisors and reasons for leaving:

Have you ever applied for a job with the Agency before?

If yes, list positions applied for and dates:

Are you related to any employee or official of the Agency?

If yes, list name and relationship to you:

Have you ever been suspended, discharged or forced to resign from any job?

If yes, describe in full:

EDUCATION:

<u>Name of School</u>	<u>Location of School</u>	<u>Years Completed</u>	<u>Did You Graduate?</u>	<u>Diploma, Degree or Certification Received</u>		
High School <i>Name and location</i> _____		Years Completed	1	2	3	4
College <i>Name and location</i> _____		Years Completed	1	2	3	4
Post Grad <i>Name and location</i> _____		Years Completed	1	2	3	4
Other <i>Name and location</i> _____		Years Completed	1	2	3	4

Yes No

Do you plan on continuing your education at a college or other school?

If yes, where and what courses?

SKILLS:

In the following section, describe the skills you have that will help you in the performance of this job (including relevant licenses and certifications).

Language skills: _____

Computer and technology skills: _____

Machine, tool or equipment skills: _____

Other skills: _____

PERSONAL REFERENCES:

Do not use relatives or former supervisors.

Name _____ Address _____

Occupation _____ Years Known _____ Phone _____

Name _____ Address _____

Occupation _____ Years Known _____ Phone _____

Name _____ Address _____

Occupation _____ Years Known _____ Phone _____

Name _____ Address _____

Occupation _____ Years Known _____ Phone _____

EMPLOYMENT RECORD:

List all work and volunteer experience. Start with your current or most recent experience. Do not skip any employers. Also list and explain any periods of unemployment. Use additional pages if necessary.

Employer Name _____ Address _____

Phone _____ Date of Employment _____ Position _____

Description of work performed _____

Name of Supervisor _____ OK to contact? Yes No

Full-Time Part-Time Temporary Other

Reason for leaving: _____

Employer Name _____ Address _____

Phone _____ Date of Employment _____ Position _____

Description of work performed _____

Name of Supervisor _____ OK to contact? Yes No

Full-Time Part-Time Temporary Other

Reason for leaving: _____

Employer Name _____ Address _____

Phone _____ Date of Employment _____ Position _____

Description of work performed _____

Name of Supervisor _____ OK to contact? Yes No

Full-Time Part-Time Temporary Other

Reason for leaving: _____

Employer Name _____ Address _____

Phone _____ Date of Employment _____ Position _____

Description of work performed _____

Name of Supervisor _____ OK to contact? Yes No

Full-Time Part-Time Temporary Other

Reason for leaving: _____

MILITARY SERVICE:

Type of Service: _____ Branch of Military _____

Dates of Service: _____ Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, describe in full: _____

OTHER:

List any other information that will help us evaluate your qualifications for this job: _____

Are you submitting a resume as a supplement to this application? Yes No

How did you learn about this job opening? (Check all that apply)

State employment office _____

Employment agency _____

College placement _____

Friend or relative _____

Advertisement _____

Agency web site _____

Agency employee _____

Walked in _____

Other (describe) _____

APPLICANT'S AUTHORIZATION, CERTIFICATION AND AGREEMENT

1. I understand that as a result of this application for employment an investigative consumer report may be prepared whereby information may be obtained through personal interviews with my neighbors, friends or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

2. I authorize the references listed in this application and any prior employer, educational institution, or other persons or organizations with whom Yates Dial-A-Ride ("Agency") wishes to check to give the Agency any information concerning my previous employment, educational accomplishments, or disciplinary record, or any other pertinent information they may have, personal or otherwise, and I authorize the Agency to request such information. I understand that such information may contain my Social Security Number. I release the Agency and all parties providing information from any liability for damage that may result from requesting such information or providing such information to the Agency. I also waive any notice that information is being provided to the Agency by any person or organization.

3. I authorize the Agency to obtain criminal conviction and felony arrest information and driving record information from the appropriate law enforcement agency or other applicable agency should the Agency determine it is necessary to do so.

4. If conditionally offered employment, I agree to submit to any psychological or physical testing or examination that may be necessary to determine my ability to perform the job for which I am being considered. I also authorize any medical provider conducting such examination or in possession of any medical reports or records pertaining to me to release the results of such examination or such record or report to the Agency.

5. I give my consent for the Agency, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples, from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I release the Agency from any liability for damage arising out of such test or its results. I also consent to the release of the test results and other relevant medical information to authorized Agency management personnel for appropriate review. If I am accepted for employment with the Agency, I consent to be tested in the above manner during my employment when required by federal, state or local law, business necessity, Agency policy, or a reasonable suspicion of drug or alcohol use, and I acknowledge that remaining free of illegal and improper drug and alcohol use is a condition of my employment.

6. If I am hired by the Agency, in consideration of my employment I agree to comply with all policies and rules of the Agency, and I understand that my employment is "at will" and can be terminated with or without cause and with or without notice at any time by either me or the Agency, regardless of any contrary provisions in any other documents. This application does not constitute an agreement for employment for any specified period of time. I understand that no representative of the Agency other than its Executive Director has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by me and the Executive Director.

7. I certify that the information I have provided in this application and any supplemental documents is true and correct and complete to the best of my knowledge, and that I have not withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, omission or false statement made in connection with this application may result in my not being further considered for employment, and if not discovered by the Agency until after my becoming employed, may result in my immediate termination.

8. I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete the I-9 form in this regard.

9. I understand that this application will be considered active pursuant to the Agency's normal procedures for a period of 45 days. If I am still interested in employment thereafter, I must reapply.

I have read and understand and agree with Paragraphs 1 through 9 above and acknowledge that with my signature below.

APPLICANT'S SIGNATURE:

DATE SIGNED:
