BARBARA KETTLE GUNDLACH SHELTER Application for Employment

	(Please Print)			
Position(s) Applied for			Date of	Application
Last Name	First Name	Middle	Initial	
Address Number	Street	City S	tate	Zip Code
Telephone Number(s)		Social	Security Nu	umber
If you are under 18 years of proof of your eligibility to w	age, can you provide required work?		□ Yes	□ No
Have you ever filed an appl	ication with us before? If Yes, give date		□ Yes	\Box No
Have you ever been employ			□ Yes	\Box No
Are you currently employed			□ Yes	\Box No
Are you authorized to work On what date would you be			□ Yes	□ No
Are you available to work	\Box Full time \Box Part time			
Can you travel if a job requi			\Box Yes	\Box No
Are you available to work v by the position you have ap	veekends or evenings when requi plied for?	red	□ Yes	□ No
License/ Certification	for required driving a vehicle, do	VOL DOSSOS		
a valid Michigan driver's lie			□ Yes	\Box No
-	s it ever been revoked, suspended		□ Yes	□ No
If yes, please explain:				
Please list any other license	, registration, certificate, etc. whi	ch is related to the jo	b you are ap	oplying.
-	e, registration, certificate, etc. rela ded, revoked, or placed on proba	_	□ Yes	□ No
	f a crime? <i>rily disqualify an applicant from</i> , where and the nature of the offe		□ No	
Are there any felony charge	es pending against you at this time	e?		

Education

School name and location				
Years Completed 4	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				

Describe any specialized training or skills you have:

Describe any professional honors you have received:

Indicate any foreign languages you can speak, read and/or write _____

Employment History

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely and accurately. "See Resume" is not acceptable.

Name and Address of Employer Job Title/ Position Held	Dates of Employment From// to / /
Job Responsibilities	
Supervisor's Name and Title Work Telephone ()	
Reason for Leaving: Voluntary Involuntary Please explain:	
May we contact your current employer prior to a job offer? □Ye	s 🗆No

Name and Address of Employer	
Job Title/ Position Held	Dates of Employment From / / to / /
Job Responsibilities	
Supervisor's Name and Title Work Telephone ()	
Reason for Leaving: Voluntary Involuntary Please explain:	
May we contact your current employer prior to a job offer? UYes	□No
Name and Address of Employer	
Job Title/ Position Held	Dates of Employment From / / to / /
Job Title/ Position Held Job Responsibilities	
	From / / to / /
Job Responsibilities	From / / to / /
Job Responsibilities	From / / to / /

References, Title

Give the name, address, and telephone number of three professional references who are not related to you.

1	
2.	
3.	

BARBARA KETTLE GUNDLACH SHELTER IS AN EQUAL OPPORTUNITY EMPLOYER

Certification

I understand that all information in this application may be checked and I hereby authorize any schools, which I have attended, current and previous employers and organizations named in this application to provide the Barbara Kettle Gundlach Shelter Home with any information that may be requested to make an employment decision. I further authorize the Barbara Kettle Gundlach Shelter Home to conduct any other investigations of the information contained herein. I hereby specifically waive written notice from any and all former employers regarding their disclosure to the Barbara Kettle Gundlach Shelter Home of any information, including disciplinary action.

I specifically authorize any requested law enforcement agencies to release to the Barbara Kettle Gundlach Shelter Home any records of prior criminal convictions it may have or may obtain from other sources.

I understand that any omission or misrepresentation of information on this application may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal.

I have read and understood the above statement; I hereby certify that all information contained in this application is true, complete and accurate.

Applicant Signature:	Date:
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For Office Use, Only Job Title Arrange Interview Yes Date Remarks Remarks Employed Yes Notes Notes Image: Interview Yes Notes Image: Interview Yes Notes Image: Interview Yes Notes Image: Interview Yes </

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