



Application for Employment

1505 West Court St. Flint, MI 48503
810-239-3112(v/tty) 810-239-1606 (fax)

PLEASE PRINT

We are an equal opportunity employer. It is the policy of this agency not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color or disability, in the hiring, promotion, payment or discipline of employees. If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation. We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Cell # (____) _____ Email Address _____

Position(s): Staff Interpreter VRS/VRI Certification: _____

Do you have reliable transportation?----- Yes No

Have you ever been employed here before? Yes No If yes, give dates _____

Have you ever been convicted of a crime? ----- Yes No

If yes, please explain _____
 CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT, EACH INSTANCE WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Are there any felony charges pending against you? ----- Yes No

If yes, please explain _____

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
		JOB TITLE	ADDRESS
		IMMEDIATE SUPERVISOR AND TITLE	
		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
		START \$ _____ PER _____	FINAL \$ _____ PER _____
REASON FOR LEAVING		HOURLY RATES/SALARY	

Employment History

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REASON FOR LEAVING		HOURLY RATES/SALARY	

Education

High School Attended _____ City, State _____ Graduate GED

College Attended _____ City, State _____ Graduate

Personal References

Name	Address	Years Known	Telephone

Professional References

Name	Address	Telephone

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Communication Access Services and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance, which is documented in my personnel file.

Signature _____ Date _____

I certify that answers given on this application are true and complete to the best of my knowledge.

This application will be kept on file for six months. You need to complete another application to be reconsidered after this date.

EMPLOYMENT AGREEMENT: In consideration of employment, I agree to conform to the rules and regulations of CAC, and my employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of CAC or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than the Executive Director has any authority to make any changes to this Employment Agreement unless in writing and signed by both the Executive Director and me.

APPLICANT SIGNATURE _____

DATE OF APPLICATION _____

EMPLOYER SIGNATURE _____ DATE _____