



EPWORTH EMPLOYMENT APPLICATION

Notice to Applicants: It is our policy to offer equal opportunity to all applicants based upon individual merit without regard to race, color, religion, national origin, sex, age, marital status, height, weight, veteran status or disability. Under certain circumstances, The Epworth Assembly may have a duty to accommodate qualified handicapped individuals. Under Michigan law, if you need an accommodation, you must notify our office in writing within 182 days after you knew or reasonably should have known of the need for an accommodation.

In order to provide a pleasant, safe, and productive workplace, we do not condone discrimination or harassment relating to a person's race, color, religion, sex, national origin, height, weight, marital status, age, veteran status or disability. We prohibit the use, distribution, sale, or possession of alcoholic beverages, illegal drugs, and controlled substances (except for the use of legitimately prescribed legal medication pursuant to a physician's order) while at work or on our premises. We prohibit reporting to work under the influence of alcoholic beverages, illegal drugs, or controlled substances.

Please complete the entire application (except the portion labeled "Office Use Only").

INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

BACKGROUND

Today's Date: _____ Position Desired: _____ Date Available: _____

Name (Last) _____ (First) _____ (Middle Initial) _____

Home Phone _____ Cell Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Are you 18 years or older? YES _____ NO _____

Are you authorized to work in the United States? YES _____ NO _____

At hire, you must provide information for compliance with the Immigration Reform & Control Act.

EMPLOYMENT INFORMATION

Are there any hours, shifts, or days you can not work? YES _____ NO _____ If yes, explain: _____

Are you willing to work overtime? YES _____ NO _____

Type of employment desired: FULL-TIME _____ PART-TIME _____ TEMPORARY _____

Have you ever applied at or worked for Epworth before? YES _____ NO _____ If yes, when: _____

How did you hear about The Epworth Assembly?/ Who referred you? _____

Have you ever been convicted of a crime? YES _____ NO _____ If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Are there any felony charges pending against you? YES _____ NO _____ If yes, explain: _____

Have you ever been suspended or discharged from employment? YES _____ NO _____

If yes, explain: _____

TRAINING AND EDUCATION

	Name/Address	Graduate?	Degree/Diploma
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Other Training	_____	_____	_____
	_____	_____	_____

Languages spoken frequently _____

Please provide any additional information such as skills, trainings, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: _____

WORK EXPERIENCE

List present or most recent first. PLEASE DO NOT USE STATEMENT "SEE RESUME."

1.) Employer name: _____ Position Title and/or Duties: _____

Address: _____ Phone: _____

Rate of Pay: (Starting) _____ (Ending) _____ Employment Dates _____ to _____

Supervisor: _____ Okay to check references? YES _____ NO _____

Reason for leaving? _____

2.) Employer name: _____ Position Title and/or Duties: _____
Address: _____ Phone: _____
Rate of Pay: (Starting) _____ (Ending) _____ Employment Dates _____ to _____
Supervisor: _____ Okay to check references? YES ___ NO ___
Reason for leaving? _____

3.) Employer name: _____ Position Title and/or Duties: _____
Address: _____ Phone: _____
Rate of Pay: (Starting) _____ (Ending) _____ Employment Dates _____ to _____
Supervisor: _____ Okay to check references? YES ___ NO ___
Reason for leaving? _____

4.) Employer name: _____ Position Title and/or Duties: _____
Address: _____ Phone: _____
Rate of Pay: (Starting) _____ (Ending) _____ Employment Dates _____ to _____
Supervisor: _____ Okay to check references? YES ___ NO ___
Reason for leaving? _____

PERSONAL REFERENCES NOT RELATED TO YOU

	Name	Address	Business	Phone
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____

CERTIFICATION: I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this Application or during the pre-hire process will be sufficient reason for my not being offered employment with the organization or dismissal at any time from The Epworth Assembly.

I authorize all third parties to provide the organization with any information and/or documents regarding my former employment and personal background, and I release all parties from any liability which may result from furnishing such information and/or documents. In this regard, I agree to permit The Epworth Assembly to conduct any background investigative procedures, including credit reference, educational, employment and criminal checks it deems appropriate. I also understand and agree that my employment may be subject to my passing a drug test.

I understand that prior to being offered employment I may be required to take a job-related written or practical test. In the event that I have a disability that will affect my ability to take this test, I will inform the organization of this disability so that a reasonable accommodation can be made. The organization reserves the right to require medical documentation regarding the need for an accommodation.

I also understand and agree that my employment and compensation is for no definite period of time and, regardless of the time and manner of payment of my wages or salary, may be terminated at any time by me or the organization with or without cause or notice. I acknowledge that no organization representative has either the power or authority to make any representations or agreements contrary to this, unless that agreement is in writing and signed by the President of The Epworth Assembly.

In consideration of The Epworth Assembly's review of my application, I agree that any claim or lawsuit arising out of my application for employment, employment, or termination of employment with The Epworth Assembly or any of its subsidiaries must be filed by me no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for such claims may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Signature: _____ Date: _____

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Do not write below this line
OFFICE USE ONLY

Interviews by: _____ Date: _____

Remarks: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant: _____

Social Security Number: _____

Drivers License Number: _____

I, _____, authorize _____ (“Company”) to make such investigations and inquiries of my personal, employment, civil, financial, educational, driving and criminal history and records and any other matters the Company, in its sole discretion, may deem necessary in arriving at a decision regarding my application for employment with the Company.

I also authorize and request third parties including, but not limited to, my past employers, educational institutions, government agencies and any other person or entity to provide directly to the Company any information and documents, including my personnel file, requested by the Company pursuant to this Authorization. I release all persons and entities from any liability which may result from furnishing such information and documents and waive any notice requirements concerning these disclosures or production of documents.

This Authorization will remain effective for a period of one year from the date indicated below.

Signature: _____ Date: _____