

Please print the application form and either scan and email your completed form to [resale@ncjwmi.org](mailto:resale@ncjwmi.org), or bring/mail your completed form to:  
council re/sale  
3297 W. 12 Mile Rd.  
Berkley, MI 48072  
248.548.6664

26400 Lahser Road, Suite 306  
Southfield, MI 48034

# APPLICATION FOR EMPLOYMENT

## Personal/Professional References (Persons not related to you that you have known for at least three years.)

Name	Phone Number	Best Time to Call
1.		
2.		
3.		

## Applicant's Statement

I certify that answers given herein are true and complete.

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 90 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.

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or**

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	E-mail	Fax

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  
If Yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed with us before?  
If Yes, give date \_\_\_\_\_  Yes  No

Do any of your friends or relatives, other than spouse, work here?  
If Yes, state name, relationship and location \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

_____	_____
Signature of Applicant	Date

09/24/04

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Are you currently on "lay-off" status and subject to recall?  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available for work:  Full Time  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

**EDUCATION**

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**

\_\_\_\_\_

\_\_\_\_\_

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

\_\_\_\_\_

\_\_\_\_\_

**Additional Information**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

**Specialized Skills (Skills/Equipment Operated)**

Computer Skills  Cash Register  Other \_\_\_\_\_

List Programs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No