



# Employment Application

## Seasonal Positions

*The Northville Community Foundation is an Equal Opportunity employer. The Foundation does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.*

**Please print.**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Other positions for which you would like to be considered: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you eligible to work in the U.S.? Yes  No

Have you ever been employed with us before? Yes  No

If yes, what position(s) did you hold? \_\_\_\_\_

If yes, what were your dates of employment (month/year to month/year)? \_\_\_\_\_

Have you filed an application with us before? Yes  No

Do you have a valid driver's license? Yes  No

Are you currently employed? Yes  No

If yes, may we contact your present employer? Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time  Part Time

Please list your availability including days of the week and hours preferred: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Education

High School \_\_\_\_\_  
Name and City/Zip

Did you receive your diploma? Yes  No

Undergraduate College \_\_\_\_\_  
Name and City/Zip

Course of Study \_\_\_\_\_ Did you receive your diploma? Yes  No

Post-Graduate College \_\_\_\_\_  
Name and City/Zip

Course of Study \_\_\_\_\_ Did you receive your diploma? Yes  No

Other training or certifications received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment Experience

Employer Name \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Employer Name \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Employer Name \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Please list any special qualifications or skills that you may have: \_\_\_\_\_

---

---

---

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

---

---

---

### References

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Reference: Personal  Professional

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Reference: Personal  Professional

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Reference: Personal  Professional

#### **Employment Application Disclaimer and Applicant Waiver**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself. I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

---

Applicant Signature

Date

---

Northville Community Foundation Representative

Date