

SOUTHWEST REGIONAL REHABILITATION CENTER

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

An Equal Opportunity Employer

A person with a disability requiring accommodation for completing the application process should immediately notify the Personnel Director

This application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Southwest Regional Rehabilitation Center (hereafter "Center") is an Equal Opportunity Employer, meaning it is the Center's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, citizenship, veteran status, or any other classification protected by law or local ordinance. Michigan law requires that a person with a disability requiring accommodation for employment must notify the Center in writing within 182 days after the need is known.

TODAY'S DATE _____

THIS APPLICATION IS ACTIVE FOR 90 DAYS FROM APPLICATION DATE

Personal _____ Date of Application _____ Date Available _____

Name _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address _____ Phone Number _____
(If different than Present Address) _____
Street City State Zip Code

If you cannot be reached at above number, where may we contact you? Name of Person _____ Phone _____

Have you ever been convicted of a crime (including misdemeanor)? Yes No

Have you ever been arrested for a felony, or are there any felony charges pending against you? Yes No
(A "yes" answer to either question will not automatically disqualify you).

Explain: _____

Are You 18 Yrs. of Age or Older? . Yes No
Work permit number if under 18 _____

Are you eligible for employment in the United States? Yes No

Are you subject to any contracts with current or previous employers that would limit your ability to work for the Center? Yes No
If yes, please explain: _____

Have you previously been employed by the Center? Yes No
If "Yes", when: _____
Under what name: _____

List any and all relative's currently working for the Center: _____

Voluntary Information _____ Yes No

Do you speak or write any languages other than English (including sign language)? Yes No
If "Yes", please explain: _____

Describe your level of computer proficiency, listing computer software and/or programs with which you are proficient and/or familiar: _____

Employment History*

List below, beginning with the most recent, **all** present and past employment (use a separate sheet of paper if necessary).

Present and Former Employers	Dates Employed	Hourly Wage or Salary	Position & Duties	Reason for Leaving
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		

*Please do not put "see resume".

Please explain all periods of unemployment _____

If any of the above entries (e.g. former employment, education, military service, etc.) were under a name other than the name used on page 1 of this application, please explain below and provide the former name.

Last	First	Middle Initial
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Explanation: _____

Use this space to give us further information which you believe may/will assist us, including at least two personal references not related to you, whom you have known at least one year.

Employment Application Agreement and Release

I certify that all the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason [including "just cause" when appropriate] for (1) my not being offered employment, or (2) dismissal at any time from the service of Southwest Regional Rehabilitation Center ("Center"), if employed.

I understand that consideration for employment at the Center is conditional upon a review of my qualifications, work history, references, etc. I authorize the Center to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. (I also agree to fully cooperate if the position for which I am applying requires a credit history check or otherwise implicates the Fair Credit Reporting Act). I therefore authorize my current and all previous employers to cooperate with the Center and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them (excluding medical or genetic information), to the Center, in connection with my application for employment with the Center. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Center.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Center, with or without cause, and with or without any previous notice (unless required otherwise by a collective bargaining agreement). I also understand and agree that the Center has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law or an existing collective bargaining agreement. I acknowledge that no Center employee or representative, other than the Center's Board of Directors, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the Center's President and CEO. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Center are expressly superseded by the foregoing.

The Immigration Reform and Control Act states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Center, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

I also understand that if offered employment, that offer will be conditioned on me successfully passing (negative test result) an appropriate drug screen.

I agree that any claim or lawsuit relating to my application for employment or my service with or termination from the Center (if hired), must be filed no more than one (1) calendar year after the date of any Center action that is the subject of the claim or lawsuit. I hereby waive any statute of limitations to the contrary.

If hired, I understand and acknowledge that this Agreement and Release shall remain in force and effect for the length of my employment with the Center.

Name: _____

(Please print) Other names used: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

(Signature of Applicant)

(Date)