



Petoskey-Harbor Springs Area
community foundation

Employment Application

First Name Middle Name Last Name

Mailing Address City, State, Zip

Telephone Number: (_____) _____ Date of Application: _____

Position sought: _____ Full-Time _____ Part-Time _____

Can you perform the essential functions of the position you seek with reasonable accommodation? Yes No

Former employers. List former employers starting with the most recent one first. Account for all time, including periods of unemployment/self-employment.

Name: _____

Address: _____

Supervisor: _____ Phone: (_____) _____

Position: _____ Dates of employment: Start: _____ End: _____

Description of job duties: _____

Reason for leaving: _____

Name: _____

Address: _____

Supervisor: _____ Phone: (_____) _____

Position: _____ Dates of employment: Start: _____ End: _____

Description of job duties: _____

Reason for leaving: _____

Name: _____

Address: _____

Supervisor: _____ Phone: (____) _____

Position: _____ Dates of employment: Start: _____ End: _____

Description of job duties: _____

Reason for leaving: _____

Education. List high school, college, and any other formal education you have received.

<u>Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>GPA</u>	<u>Major</u>
_____ (just name and location for high school)					

Have you ever been charged with a felony or convicted of a misdemeanor or felony? (A "yes" answer will not automatically disqualify you. We will examine the nature of the crime, the date committed, and the relation of the crime to the position sought.)

Yes No

If Yes, please explain: _____

Personal References

(Other than relatives or employers)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years acquainted</u>

Please be advised that your application will be inactive 90 calendar days from the date of application.

STATEMENT OF POLICY: EMPLOYMENT WITH THE PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION IS BASED ON INDIVIDUAL MERIT. EMPLOYMENT OPPORTUNITIES ARE OPEN TO ALL, WITHOUT REGARD TO RACE, COLOR, SEX (INCLUDING PREGNANCY AND CONDITIONS RELATED TO PREGNANCY), AGE, MARITAL STATUS, HEIGHT, WEIGHT, RELIGION, NATIONAL ORIGIN, DISABILITY, MISDEMEANOR ARREST RECORD, GENETIC INFORMATION, VETERAN STATUS, CITIZENSHIP OR ANY OTHER STATUS PROTECTED UNDER APPLICABLE LAW.

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, a resume, or during the pre-hire process will be sufficient reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Foundation if employed.

I authorize my former employers to provide the Foundation with any information regarding my employment, and I release all parties from any liability for any damages which may result from furnishing such information. I also agree to permit the Foundation to conduct any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed. I understand a consumer report may be obtained from a consumer-reporting agency in connection with this Application and, if requested, I will be informed of the name and address of the agency. 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 Foundation with or without cause, and without any previous notice. I also understand and agree that the Foundation has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Foundation employee or representative, other than the Board President, through the 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 signed by the Board President.

I understand that, if I have a disability and need an accommodation, under Michigan law only, I must request the accommodation, in writing, and within 182 days of the day I knew, or reasonably should have known, of the need for accommodation.

I further agree that, if I should ever have any claim against the Foundation, or any of its agents or employees, which is related to my employment, I must bring that claim within 182 days of the date it accrues or it shall be forever barred. I specifically waive any longer (not shorter) limitations period. This 182-day contractual limitations period also applies to any initial charge filed with the Equal Employment Opportunity Commission; however, I may thereafter pursue any claim, if at all, pursuant to the right to sue letter issued by the Commission.

Signature

Date