



APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in employment with The Watershed Center and assure you we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

The Watershed Center is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight, or any other protected status.

Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying The Watershed Center in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify The Watershed Center may preclude any claim that the employer failed to accommodate the disabled individual.

PERSONAL

Name _____ Date _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip Code)

Phone Number _____
(Area Code)

Email address _____

Last 4 (four) digits of Social Security Number _____

Are you 18 years or older? Yes No

Are you a U.S. citizen? Yes No

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

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor name(s) _____

List any friends or relatives working here _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full time Part time Temporary

If part time, please specify hours and days desired _____

Wage desired _____

Date available to start work _____



EMPLOYMENT EXPERIENCE (list current/most recent job first)

Employer	Date		Work Performed	
	From	To		
Address				
City	State	Zip		Hourly Rate/Salary
				Starting
				Final
Job Title				
Supervisor	Phone			
Reason for leaving	May we contact this employer?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Date		Work Performed	
	From	To		
Address				
City	State	Zip		Hourly Rate/Salary
				Starting
				Final
Job Title				
Supervisor	Phone			
Reason for leaving	May we contact this employer?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Date		Work Performed	
	From	To		
Address				
City	State	Zip		Hourly Rate/Salary
				Starting
				Final
Job Title				
Supervisor	Phone			
Reason for leaving	May we contact this employer?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			



EDUCATION

Type of School	Name/Location	Years/ Credit Hours Completed	Diploma/ Degree Received	Course(s) of Study
High School				
College				
Graduate				
Vocational/Training				

Please list any additional skills that may be relevant to your employment here (keyboarding speed, proficiency with computer software programs, years of supervisory experience, etc.).

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the U.S. or a State National Guard? Yes No

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

ADDITIONAL INFORMATION

Have you ever been convicted of a misdemeanor or felony offense? Yes No

Current valid driver's license number _____ State _____ N/A

Have you ever had any traffic offenses/moving violations for which you were found guilty? Yes No

If you answered yes to the questions above regarding prior/pending offenses, fill in the necessary data in the boxes below. A conviction record will not necessarily bar employment.

Date	Offense	City/State	Disposition (paid fine, etc.)

REFERENCES

Name	Email	Phone Number	Nature of Relationship	Years Acquainted



AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now and hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize The Watershed Center to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release The Watershed Center and them from any liability whatsoever as a result of any such inquiries and disclosures, and this release from liability does not waive or prohibit an individual firm from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by The Watershed Center's Executive Director. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment per The Watershed Center's personnel policy. I also understand that these conditions of employment may change from time to time.

I agree that any action or suit against The Watershed Center, its agents or employees, arising out of my employment or termination of employment, including but not limited to, claims arising under State and Federal Law, but not Federal civil rights statues containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against The Watershed Center, in which The Watershed Center prevails, I will pay to The Watershed Center any and all such costs incurred by The Watershed Center in defense of said claims or actions, including attorney fees.

Signature _____

Date _____