

Application for Employment

Today's Date: _____

Position Applied for: _____ Location: _____

How did you hear about this job opportunity? (Please specify ad or other source.)

It is the policy of equal treatment and opportunity in all aspects of employment without regard to race, color, religion, sex, marital status, age, national origin, LGBTQ status, ancestry, status as a qualified individual with a disability, veteran status or other legally protected category, unless one of the above factors is a bona fide qualification for the job. This policy applies to all employment practices, including recruiting, hiring, training, compensation, benefits, advancement, pregnancy, and all other conditions of employment.

First Name: _____ Middle Initial(s): _____ Last Name: _____

Present Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Phone Number:

Home: _____ Work: _____ Cellular: _____

Have you been convicted of a felony within the last seven (7) years (excluding sealed or expunged convictions)? If yes, please provide date, place, offense, and outcome:

Please note that a conviction will not necessarily exclude you from employment.

If hired, would you be able to present evidence of your U.S citizenship or proof of your legal right to work in the United States?

Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

Have you worked for the Montmorency County Commission on Aging previously?

Yes No

At the: _____ Location from: _____ To: _____

Resume attached?

Yes No

Who should be contact in the event of an emergency?

Name: _____ Telephone Number: _____

Address: _____

Do you have a current TB test?

Yes No

Do you have a current CPR certification?

Yes No

Employment History – Please include your four (4) most recent employers. **Do not omit any employers.**

Number of Years	Name, Address & Phone	Supervisor Name and Phone Number	Position	Salary	Reason for Leaving

Please explain any lapses in prior employment.

The following information is for the purpose of considering your requests, and it does not constitute a promise or guarantee of employment:

Times available to work. (Be specific as to hours and days.)	On what date would you be available to start work?	What days and times are you not able to work?
Are you able to report to work punctually and regularly? Explain.	Wage expectations?	How many hours per week are you available to work?

Why do you feel that you are qualified to perform the work for which you are applying?

Do you have a reliable means of transportation to get to work on time and home safely?

Is there anything the Montmorency County Commission on Aging should know about your background that would affect your employment or the performance of your job, if employed?

Education

	Name and City	Number of Years Completed	Did You Graduate?	Degrees Received
High School				
College				
Post-College				
Other Education (Trade School)				

Do you have any computer skills? If yes, please describe.

Please list any specific skills that may be relevant to the position for which you are applying.

Have you had any previous experiences or contacts with the Montmorency County Commission on Aging?

Why would you like to work for the Montmorency County Commission on Aging?

References – Please list only professional references.

If you need more space, please use the back of this application

Name	Company Name	Business Phone Number (No Cell Phone Numbers)	Business E-Mail	How do you know this person?	Years Acquainted

Do not sign as requested below until you have read this entire document, understand its terms and conditions, and agree to the terms and conditions set forth herein. Your signature below indicates your agreement to the terms and conditions set forth in this application. The consideration for your acceptance of the terms and conditions set forth herein is the company's willingness to review your application and employment if you are selected for employment.

By signing below, i certify that all answers to questions in the application, and other reference documents referenced above are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

Signature: _____

Date: _____

ADDITIONAL DISCLOSURES AND AGREEMENTS

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I further understand that to be eligible for employment, I must complete the entire application process which may include a medical examination.

I expressly authorize, without reservation, the Montmorency County Commission on Aging, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Montmorency County Commission on Aging, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates. I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

I understand that the Montmorency County Commission on Aging does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the Montmorency County Commission on Aging and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

In consideration of my employment, I agree to conform to the Montmorency County Commission on Aging's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Montmorency County Commission on Aging's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no agency representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I further agree that, if employed, I will conform my conduct to Montmorency County Commission on Aging's rules and regulations, and that I may not enter into any other employment or engage in any business which will conflict with my responsibilities as an employee of Montmorency County Commission on Aging.

By signing below, I certify that all answers to questions in the application, and other reference documents referenced above are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

Signature: _____

Date: _____

CRIMINAL BACKGROUND CHECK POLICY AND DISCLOSURE

As a condition of employment, each employee is subject to a criminal background check. In conducting criminal background checks, Montmorency County Commission on Aging will comply with federal laws that protect applicants and employees from discrimination. That includes discrimination based on race, color, national origin, sex, LGBTQ status, religion; disability; genetic information (including family medical history); and age (40 or older).

In addition, Montmorency County Commission on Aging, to the extent required, will comply with the Fair Credit Reporting Act (FCRA) with regard to conducting criminal background checks. The Federal Trade Commission (FTC) enforces the FCRA.

Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment with Montmorency County Commission on Aging, unless such employment involves working with children and the conviction or criminal conduct relates to children or is clean record is required given the job duties, funding source, or employment source.

- The nature and gravity of the offense or conduct;
- The time that has passed since the offense or conduct and/or completion of the sentence; and
- The nature of the job held or sought.

To the extent that the criminal background check reveals conduct that would exclude the person from the specific job applied for after applying the "Green Factors," and to the extent that the basis for denying the job was related to the criminal background check, Montmorency County Commission on Aging will send out an appropriate letter to the prospective employee explaining the basis for denial of the job. The prospective employee shall have ten days after the date of the correspondence explaining the basis for denial of the job to contact the Montmorency County Commission on Aging and schedule a meeting explaining how the criminal background conduct should not exclude him/her. Failure by the prospective employee to contact Montmorency County Commission on Aging within the ten (10) day period as provided above, shall constitute of waiver of such right to engage the Montmorency County Commission on Aging regarding the decision to deny employment.

If you have any questions regarding your rights, please feel free to contact the Executive Director at MCCOA or the EEOC at www.eeoc.gov.

By signing this Application, I certify that all answers to questions in the application, and other reference documents are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

Signature: _____

Date: _____

LEGAL DISCLOSURES AND AGREEMENT

To the extent permitted by state law, i understand and agree that i shall not commence any state law action or suit related to my employment with montmorency county commission on aging: 1) more than six months after the termination of my employment, if the action or suit is related to the termination of my employment; or 2) more than six months after the event or occurrence on which my claim is based, if the action or suit is based on an event or occurrence other than the termination of my employment.

While i understand that the statute of limitations for state law claims arising out of my employment with montmorency county commission on aging may be longer than six (6) months, i agree to be bound by the six (6) month period of limitations set forth herein and i waive any statute of limitations to the contrary.

Should a court determine in some future lawsuit that this provision allows an unreasonable short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

To the extent permitted by law, i understand and agree that any federal law claim or lawsuit relating to my employment with the montmorency county commission on aging must be filed no more than 185 days after the date of filing a proper and timely charge with the eeoc, nlrp, or any other administrative agency has expired. While i understand that the statute of limitations for claims arising out of an employment action may be longer than 185 days, i waive any statute of limitations to the contrary.

By signing this document, i certify that i have read this legal disclosures and agreement set forth above, had three days to discuss the legal disclosures and agreement with counsel of my choice, and decided to move forward, and understand that without my agreement to the legal disclosures and agreements, montmorency county commission on aging would not consider my application for employment. I further understand and request that the limitations be strictly enforced and that i am signing the limitations as my own free will

Signature: _____

Date: _____