

Application for Employment



UnifiedSmiles

300 E. Long Lake Road, Suite 145

Bloomfield Hills, MI 48304

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____

If necessary, best time to call you at home is _____ : _____
am pm

May we contact you at work? Yes No

If yes, work number and best time to call () _____ : _____
am pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work / ____ / ____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you ever been convicted of a felony? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Hourly Rate/Salary				
Starting				
Immediate Supervisor and Title		\$	Per	
Reason for Leaving				
Hourly Rate/Salary				
Final				
May we contact for reference?		\$	Per	

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
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Hourly Rate/Salary				
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Final				
May we contact for reference?		\$	Per	

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

Educational Background *(if job related)*

A. List last three (3) schools attended, starting with most recent. **B.** List number of year completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/ Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Name	Offices Held

List special accomplishments, publications, awards (exclude information that would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would list us to consider. _____

Signature required on next page

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations from furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____ / ____ / ____