

**CHILD & FAMILY SERVICES OF THE UPPER PENINSULA, INC.**  
**706 Chippewa Square, Suite 200, Marquette, Michigan 49855**  
**(906) 228-4050**

**APPLICATION FOR EMPLOYMENT**

The Michigan Civil Rights Act and/or federal law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, weight, or marital status. Child & Family Services is an equal opportunity employer and does not discriminate on the basis of any of these or any other legally protected category or medical condition.

*Please Print Neatly*

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Social Security No.(optional) \_\_\_\_\_

Position Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Date Available \_\_\_\_\_ Expected Wage \_\_\_\_\_/hr.

What type of employment are you interested in? (Check all appropriate):

- Full Time
- Part Time
- Irregular Part Time (seasonal)

Can you work holidays, weekends and evenings if necessary?

- Yes
- No

Are there any days or hours you cannot work?

- Yes
- No

If yes, please list them and explain \_\_\_\_\_

What prompted you to apply to Child & Family Services?

- Employee (name) \_\_\_\_\_
- News Ad (name) \_\_\_\_\_
- Other (name) \_\_\_\_\_

Are you 18 years of age or older?

- Yes
- No

Are you a citizen of the United States?

- Yes
- No

If no, do you have the legal right to work and remain in the United States?

- Yes Visa Type \_\_\_\_\_
- No

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation of charges of violation of criminal law?

- Yes
- No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?

- Yes
- No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

(Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness and nature of violation, position applied for and rehabilitation will be considered.)

Have you previously worked for Child & Family Services?

- Yes
- No

If yes, date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever worked or attended school under another family/maiden name?

- Yes
- No

If yes, indicate name: \_\_\_\_\_

Have you any relatives or acquaintances at Child & Family Services?

- Yes
- No

If yes, list names: \_\_\_\_\_

Are you willing to take a pre-placement physical and/or a drug test at our expense upon a conditional offer of employment?

- Yes
- No

### PROFESSIONAL REGISTRATION/CERTIFICATION

Professional Registration No. \_\_\_\_\_ State of Reg. \_\_\_\_\_ Certification \_\_\_\_\_

Type of Registration \_\_\_\_\_

### EDUCATION AND TRAINING

#### HIGH SCHOOL or GED

Name \_\_\_\_\_

\_\_\_\_\_ (Address) (City) (State) (Zip)

Circle highest grade completed 9 10 11 12 From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Did you receive your GED? \_\_\_\_\_ Date Received \_\_\_\_\_  
MM/YY MM/YY

**COLLEGE or UNIVERSITY**

Name \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

**COLLEGE or UNIVERSITY**

Name \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

**GRADUATE or PROFESSIONAL SCHOOL**

Name \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Circle highest year completed 1 2 3 4 From \_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY

Major \_\_\_\_\_ Minor \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

**MILITARY SERVICE**

Were you in the U.S. Armed Forces?

- Yes
- No

What Branch? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Current Draft Status: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Duties \_\_\_\_\_ Special Training \_\_\_\_\_

Citations or Awards Received \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## EMPLOYMENT HISTORY

*Please list past employment beginning with present or last employer.*

1. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact? \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Name of Supervisor \_\_\_\_\_ Wage \_\_\_\_\_/hr.

Reason for Leaving \_\_\_\_\_

2. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact? \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Name of Supervisor \_\_\_\_\_ Wage \_\_\_\_\_/hr.

Reason for Leaving \_\_\_\_\_

3. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact? \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Name of Supervisor \_\_\_\_\_ Wage \_\_\_\_\_/hr.

Reason for Leaving \_\_\_\_\_

4. Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact? \_\_\_\_\_  
Mo/Yr. Mo/Yr.

Name of Supervisor \_\_\_\_\_ Wage \_\_\_\_\_/hr.

Reason for Leaving \_\_\_\_\_

## REFERENCES

*(Please list three persons who could be contacted as character references other than relatives).*

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
*(Name) (Occupation) (Address) (Telephone)*

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
*(Name) (Occupation) (Address) (Telephone)*

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
*(Name) (Occupation) (Address) (Telephone)*

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**CERTIFICATION AND AUTHORIZATION**  
**APPLICANT PLEASE READ CAREFULLY**

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize Child and Family Services of the U.P. (CFSUP) and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at this organization, I also release CFSUP from any liability, claims, or damages for issuing such information in good faith and without malice to other individuals/institutions who have a legitimate and common interest in the subject matter.

**I realize that falsification or omissions of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application if I am offered employment, discharge at any time during my employment.** I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination will be grounds for rejection of my application or discharge at any time if I am offered employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

If offered employment, I will submit to any medical examinations and drug tests deemed necessary by CFSUP to evaluate my physical and mental fitness for employment and that my employment is conditioned upon passing the medical evaluation. If employed, I will submit to any physical or mental examination deemed necessary by CFSUP to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law. If employed, I agree to observe at all times CFSUP rules and regulations.

I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses as listed below:

1. attempt or conspiracy to commit a felony;
2. misdemeanor, involving abuse, neglect, assault, battery or criminal sexual conduct involving fraud or theft against a vulnerable adult as defined in Section 145m of the Michigan Penal Code.

I will notify this employer in writing within twenty-four (24) hours of the event.

I authorize CFSUP to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature CFSUP and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in CFSUP's discretion, any investigation conducted by CFSUP. I further authorize CFSUP to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Do Not Print)

I have resided in the State of Michigan for three (3) years immediately preceding the date of this application:

- Yes  
 No

If no, when did you move to the State of Michigan? \_\_\_\_\_  
(Month) (Year)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE/AUTHORIZATION FOR BACKGROUND SEARCH

In connection with my application for employment, I understand that Child & Family Services of the U.P. will conduct an investigation of my background, including a criminal history check, for employment purposes. I also understand that, if I am hired, an investigation of my background may be conducted during the course of my employment.

I am aware that the background investigation will include a criminal history check and may also include information regarding prior employment, driving record (if relevant to the job), civil history, character, general reputation, personal characteristics, or mode of living.

By providing the information requested below and signing this Notice/Authorization, I authorize Child & Family Services of the U.P. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature Child & Family Services of the U.P. or any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in Child & Family Services of the U.P.'s discretion, any investigation conducted by Child & Family Services of the U.P. I further authorize Child & Family Services of the U.P. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

I acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Any other previous name that you have worked or attended school under.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Driver's License Number/State

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years)

Former Address: \_\_\_\_\_  
(list all within 15 years-use back if necessary)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date