

CHIPPEWA – LUCE – MACKINAC
**COMMUNITY ACTION
HUMAN RESOURCE AUTHORITY, INC.**

524 ASHMUN STREET
SAULT STE. MARIE, MICHIGAN 49783
PHONE (906) 632-3363 FAX (906) 632-4255



Serving These
Upper Michigan
Counties:
Chippewa
Luce
Mackinac

Community Action Job Application Instructions:

This Adobe Acrobat form can be filled out on a computer as a fillable form or it can be printed and filled out by hand.

*In order to be signed the document must be printed out after filling online.

Equal Opportunity Employer and Provider / 1-800-562-4963

• Community Development • Human Resources • Transportation • Head Start/Preschool • Senior Citizens • Housing • Energy • Weatherization •

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524 Ashmun Street
Sault Ste. Marie, MI 49783-0070
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AT WILL EMPLOYMENT APPLICATION

We are 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 handicap, height, weight or any other protected status.

PERSONAL:

Name _____ Date of Application _____

Address _____ Telephone Number _____

City, State, Zip Code _____

Are you 18 years or older? Yes No

Are you a U.S. citizen? Yes No Are you authorized to work in the United States? Yes No

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

Supervisor Name(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

Do you have any relatives working here? Yes No If yes, what is their relationship to you? _____

Do you have reliable transportation? Yes No

EMPLOYMENT DESIRED:

Position(s) applied for _____

Employment preferred: Full time Part time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Salary desired _____ Date available for work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm 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. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE/MUST COMPLETE (List current or most recent job first)

1	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

EDUCATION	Name/Location	Years Completed	Diploma Degree	Courses of Study
High School				
College				
Graduate				
Vocational/Training				

Any other educational training _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in 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 _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a felony? Yes No

If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups that name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status, height, weight, or age. _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, relationship, address, and telephone number of the person to be notified in the event of accident or emergency. _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or 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, education, credit or medical history 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 you 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 you and them from any liability whatsoever as a result of any such inquiries and disclosures. 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 president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged by me in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damaged caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

All employment related disputes shall be resolved by arbitration including wrongful discharge and statutory employment discrimination claims, however all remedies afforded by the applicable statutes are preserved.

All arbitrations shall be heard and decided under the provisions and authority of the Federal Arbitration Act, 9 USC sec 1, as applicable.

The purpose of this agreement is to provide you and this employer a forum in which claims or disputes with the employer and yourself and any other signatories may be resolved by arbitration rather than litigation.

This agreement to arbitrate does not restrict you from filing a claim or charge with any State or Federal Agency such as the Equal Employment Opportunity Commission, State Unemployment Agency, State Workers Compensation Commission, where applicable. This agreement to arbitrate only applies to state and federal court proceedings. We agree to adopt the rules of procedure, rights of representation, and appellate review as stated in Rembert v. Ryan's Family Steakhouse (a Michigan appellate court decision).

I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature

Date

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CONSENT FORM

As a prospective employee/volunteer of Chippewa-Luce-Mackinac Community Action Agency, I understand that it is this agency's policy to secure criminal conviction history information as part of their pre-employment screening process using the information provided below:

First Name: _____ Last Name: _____ MI: _____

Maiden Name / Names Previously Used: _____

Birth Date: _____ Race: _____ Sex: _____

I understand that the Central Records Division of the Michigan State Police – Lansing, Michigan, requires the above information.

I have lived in the following states in the last 10 years: _____

I authorize Chippewa-Luce-Mackinac Community Action Human Resource Authority, Inc. to obtain a conviction only criminal history file search.

Signature of Applicant / Volunteer

Date

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input checked="" type="checkbox"/> Employer
<input type="checkbox"/> Individual <input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Other _____

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name Chippewa-Luce-Mackinac Community Action Agency		Title	
Address 524 Ashmun Street		City Sault Ste. Marie,	State MI
		Zip Code 49783	
Phone 906-632-3363	Fax 906-632-4255	E-mail	Date

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.