

WEST MIDLAND FAMILY CENTER

4011 WEST ISABELLA ROAD (M-20)

SHEPHERD, MICHIGAN 48883 PHONE: (989) 832-3256 FAX: (989) 832-5755



APPLICATION FOR EMPLOYMENT (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information			
Name _____			Date _____
Last	First	Middle	
Maiden Name _____		Aliases _____	
Present Address _____			
Street			
City	State	Zip	
Permanent Address (If different than above) _____			
Street			
City	State	Zip	
Are you 18yrs. or older? _____		Phone () _____	
Are you a U.S. Citizen or a Alien authorized to work in the U.S.? _____			
Email Address: _____			

Employment Desired	
Position _____	
Date you can start _____	Salary Desired _____
Are you employed now? _____	
Ever applied here before? _____	When? _____
How were you referred to WMFC? _____	
I may be eligible for Work Study or Michigan Works (Please circle which applies)	

Education	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School	_____	_____	_____	_____
Trade School	_____	_____	_____	_____
College	_____	_____	_____	_____

General	
Subjects of Special Interest _____	
Special Skills _____	
Military Service _____	Type of Discharge _____ Branch _____

References				
Name	Address	Phone	Years	Occupation
(1)				
(2)				
(3)				

Previous Work Experience			
(1)	Name	Position	
	Starting Date	Ending Date	Supervisor
	Address of Company		Phone
	Salary	Reason for Leaving	
(2)	Name	Position	
	Starting Date	Ending Date	Supervisor
	Address of Company		Phone
	Salary	Reason for Leaving	
(3)	Name	Position	
	Starting Date	Ending Date	Supervisor
	Address of Company		Phone
	Salary	Reason for Leaving	

* I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

* I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for damage that may result from furnishings gave to you. If there are any listed that I do not give permission to talk with, it is the my responsibility to inform the employer they do not have permission to speak with that previous employer/reference.

* I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

*I give West Midland Family Center permission to obtain police records on myself:

Full Name: _____ Maiden Name: _____
 Date of Birth: _____ Alias: _____
 Soc Sec #: _____

 Signature Date Employee's File

General Release of Information Form

I hereby give permission for any of the following to freely release any information about me without threat of liable or slander charges arising out of such release.

This release of information will be in effect for 30 days starting from the date I signed this form.

Name of applicant: _____

Address: _____

Note to applicant: Initial those that you are willing to release.

___ Any organization listed on the resume I submitted for employment consideration.

___ All employers past and current, including any and all co-workers.

___ All personal references I provided.

___ Any and all law enforcement agencies.

___ Any and all teachers, administrators or other school personnel affiliated with the colleges or universities listed on my resume.

People or Organizations that this release does not cover!

You do not have my permission to talk to any of the following people or organizations that I have listed:

1. _____

2. _____

Printed Name _____

Signature Date

As required by the Family Independence Agency, all staff working with children must answer the following questions, with a **yes** or **no** answer.

Have you ever been convicted of an offense other than a minor traffic violation?

Have you ever been involved in the abuse or neglect of children?

Signature Date