



Administrative Office: 3910 W. Webster Road, Royal Oak, MI 48073 ph(248)288-5150

(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR EMPLOYMENT

Applications are active for a period of six (6) months from the date of application, after which time the application will no longer be considered.

PERSONAL DATA				
DATE	SOC. SEC. NO.		(Last 4 digits only)	
LAST NAME	FIRST NAME			
ADDRESS				
CITY	STATE	ZIP CODE		
EMAIL				
POSITION BEING APPLIED FOR				
PHONE 1	PHONE 2			
CITIZENSHIP				
Are you a U.S. Citizen or an alien authorized to work in the U.S.?			Yes ()	No ()
Are you 18 years of age or Older?			Yes ()	No ()
Have you been previously employed by the SOCWA?			Yes ()	No () When:
Do you have any relatives who are employees of the SOCWA?			Yes ()	No ()
If yes, indicate name(s) and relationship(s) to you:				
MILITARY				
Are you a veteran of the Armed Forces of the United States?			Yes ()	No ()
Branch of Service	Dates of Duty:		TO	
Date of Discharge	Type of Discharge			
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves:			Yes ()	No ()
CONVICTION RECORD				
Have you been convicted of a misdemeanor or felony in the last 5 years? Convictions will not preclude an applicant for consideration of employment.			Yes ()	No ()
Date	Offense	Place	Disposition (e.g. probation, jailed, etc.)	
DRIVER'S LICENSE				
Driver's License No:				
Expiration Date:		State Issued:		
License Type:	Operator	Chauffeur	Commercial Driver's License	
EDUCATION				
	NAME OF SCHOOL	CITY / STATE	DEGREE EARNED / YEAR RECEIVED	MAJOR
High School				
College (Undergraduate)				
College (Graduate)				
Other				

APPLICANT NAME		
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EMPLOYMENT HISTORY

This section must be completed fully, even if a resume is attached. List present position and most recent place of employment first (include full-time, part-time, and volunteer work). List every promotion as a new job. Photocopy this page if additional space will be necessary or use a blank sheet.

Company Name	Supervisor	Telephone
Address	City/State	Zip Code
Employed (List Month & Year)		From: _____ To: _____
Number of Hours per Week:		
List your Job Title & Responsibilities	Starting Wage	Ending Wage
	Reason for Leaving	
May we contact this employer/supervisor regarding your employment?		

Company Name	Supervisor	Telephone
Address	City/State	Zip Code
Employed (List Month & Year)		From: _____ To: _____
Number of Hours per Week:		
List your Job Title & Responsibilities	Starting Wage	Ending Wage
	Reason for Leaving	
May we contact this employer/supervisor regarding your employment?		

Company Name	Supervisor	Telephone
Address	City/State	Zip Code
Employed (List Month & Year)		From: _____ To: _____
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Number of Hours per Week:		
List your Job Title & Responsibilities	Starting Wage	Ending Wage
	Reason for Leaving	
May we contact this employer/supervisor regarding your employment?		

APPLICANT NAME			
THREE (3) PROFESSIONAL REFERENCES			
NAME			
ADDRESS			
TELEPHONE (WORK)		TELEPHONE 2	
EMAIL			
OCCUPATION / FIRM			
YEARS KNOWN			
NAME			
ADDRESS			
TELEPHONE (WORK)		TELEPHONE 2	
EMAIL			
OCCUPATION / FIRM			
YEARS KNOWN			
NAME			
ADDRESS			
TELEPHONE (WORK)		TELEPHONE 2	
EMAIL			
OCCUPATION / FIRM			
YEARS KNOWN			

Have you ever been subject to disciplinary action, dismissed from or asked to resign from any employment position? YES () NO ()

If yes, please explain (include employer, date and reason):

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, certifications or licenses, interests, and professional or civic activities, etc.

APPLICANT NAME _____

DISABILITY ACCOMMODATION

HAVE YOU REVIEWED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING? YES _____ NO _____

IF SO, CAN YOU PERFORM ANY OR ALL OF THE JOB FUNCTIONS CONTAINED IN THE JOB DESCRIPTION WITH REASONABLE ACCOMMODATION, IF NECESSARY? YES _____ NO _____

NOTICE OF MEDICAL EXAMINATION

ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON YOUR ABILITY TO PASS A MEDICAL EXAMINATION PRIOR TO THE COMMENCEMENT OF EMPLOYMENT.

PLEASE READ CAREFULLY

I HEREBY CERTIFY THAT THE STATEMENTS I HAVE GIVEN ON THIS APPLICATION ARE TRUE AND THAT I HAVE NOT WITHHELD ANY INFORMATION THAT MIGHT, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND AND AGREE THAT ANY STATEMENTS MADE BY ME ON THIS APPLICATION THAT PROVE TO BE FALSE OR MISLEADING OR INCOMPLETE WILL PREVENT ME FROM BEING HIRED, OR IF HIRED, WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE THE REFERENCES AND PREVIOUS EMPLOYERS LISTED ABOVE TO PROVIDE TO SOCWA ANY AND ALL INFORMATION CONCERNING ANY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION, INCLUDING DISCIPLINARY INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, REGARDING ME. I ALSO AUTHORIZE SOCWA TO PROVIDE ANY AND ALL INFORMATION, INCLUDING DISCIPLINARY INFORMATION, CONCERNING MY EMPLOYMENT WITH SOCWA, PERSONAL OR OTHERWISE, TO ANY SUBSEQUENT OR PROSPECTIVE EMPLOYER. I RELEASE ALL PARTIES FROM ALL CLAIMS FOR LIABILITY FOR ANY DAMAGES THAT MAY RESULT. I SPECIFICALLY WAIVE ANY RIGHT TO BE NOTIFIED UNDER SECTION 6 OF THE MICHIGAN BULLARD-PLAWECKI ACT OF THE RELEASE OF PERSONNEL FILE INFORMATION BY PRIOR EMPLOYERS AND THE RELEASE OF PERSONNEL FILE INFORMATION TO SUBSEQUENT OR PROSPECTIVE EMPLOYERS BY SOCWA

I HEREBY AUTHORIZE SOCWA TO CONTACT SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS OR OTHER PERSONS LISTED IN THIS APPLICATION AND AUTHORIZE THOSE SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS AND OTHER PERSONS TO RELEASE TO SOCWA ANY ACADEMIC, SERVICE OR PERFORMANCE RECORDS, OR OTHER INFORMATION REGARDING ME. I HEREBY RELEASE SAID SCHOOLS, EDUCATIONAL INSTITUTIONS, MILITARY ORGANIZATIONS AND OTHER INDIVIDUALS FROM ANY AND ALL LIABILITY AND DAMAGES FOR RELEASING SAID RECORDS OR INFORMATION.

AGREEMENT TO LIMIT THE STATUTE OF LIMITATIONS PERIOD

I AGREE THAT ANY CLAIM OR LAWSUIT ARISING OUT OF MY EMPLOYMENT WITH, OR MY APPLICATION FOR EMPLOYMENT WITH SOCWA MUST BE FILED NO MORE THAN SIX MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. WHILE I UNDERSTAND THAT THE STATUTE OF LIMITATIONS FOR CLAIMS ARISING OUT OF AN EMPLOYMENT ACTION MAY BE LONGER THAN SIX MONTHS, I AGREE TO BE BOUND BY THE SIX-MONTH PERIOD OF

LIMITATIONS SET FORTH HEREIN, AND I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

IN CONSIDERATION FOR MY EMPLOYMENT, I HEREBY AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND POLICIES ESTABLISHED BY SOCWA FOR ITS EMPLOYEES INCLUDING SUCH NEW OR REVISED RULES, REGULATIONS AND POLICIES AS MAY BE SUBSEQUENTLY ESTABLISHED. I UNDERSTAND THAT SOCWA MAY, FROM TIME TO TIME, MAKE UNILATERAL CHANGES IN ITS RULES, REGULATIONS AND PERSONNEL PRACTICES AND POLICIES THAT WILL AFFECT ME AND THAT MY EMPLOYMENT MAY BE SUBJECT TO UNILATERAL ADJUSTMENTS IN COMPENSATION, FRINGE BENEFITS, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT, INCLUDING LAYOFFS. I FURTHER HEREBY EXPRESSLY AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER SOCWA OR MYSELF, EXCEPT AS PROVIDED IN ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT OR INDIVIDUAL WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OF SOCWA. I FURTHER UNDERSTAND AND AGREE THAT NO OFFICER, AGENT OR REPRESENTATIVE OF SOCWA OTHER THAN THE PRESIDENT OF SOCWA, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OR AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

ANY AGREEMENT CONTRARY TO THE FOREGOING MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF SOCWA AND ME OR MUST BE CONTAINED IN AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.

DATED: _____ **SIGNATURE:** _____