



Employment Application
An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify David Scholl, Human Resources as soon as possible. Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants. The Valley Organization for Improved Communications and Equality for the Deaf and Hard-of-Hearing (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodations for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

Date of Application

Name (first, middle, last and maiden name, if applicable)

Social Security Number

Present Address (street, city, state, zip code)

Home Telephone

Cell Phone

E-Mail Address

YES NO

YES NO

Currently Employed? (Circle One)

May we contact your present employer? (Circle One)

Position Desired

Salary/Hourly Rate Desired

Date Available

1. Are you at least 18 years old? [ ] Yes [ ] No

2. Have you ever been arrested and charged with any crime whether convicted or not (including misdemeanors and civil infractions, excluding minor traffic offenses)? [ ] Yes [ ] No

(If yes, explain below)

Are there any misdemeanor or felony charges pending against you? [ ] Yes [ ] No

(If yes, explain below)

Are there any substantiated Community Mental Health Recipient Rights violations on file against you in any county? (If yes, explain below) [ ] Yes [ ] No

(A "Yes" answer to any of the above questions will not automatically disqualify you).

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you previously been employed by the Company? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_

Under what name: \_\_\_\_\_

4. Have you submitted an application to the Company before? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_

Under what name: \_\_\_\_\_

5. List any/all relatives/friends/associates currently employed at the Company.

NAME RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

Complete the following only if the position requires a driver's license:

Driver's License Number: \_\_\_\_\_

Has your driver's license ever been revoked, suspended, or restricted? [ ] Yes [ ] No

If yes, for what reason and for how long? \_\_\_\_\_

\_\_\_\_\_

List any moving violations during the last three (3) years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL HISTORY**

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Post-Grad

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Do you have a HS Diploma? Yes \_\_\_ No \_\_\_ or a GED? Yes \_\_\_ No \_\_\_

Schools (include trade schools) attended other than high school	Location (City and State)	Course or Major Studied	Dates Attended	Degree

**EMPLOYMENT HISTORY**

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Company Address	Phone Number
Position Held/Job Title	Dates of Employment	
Name and Title of Immediate Supervisor		
Reason for Leaving	Hourly Wage/Salary	
Brief Description of Duties		

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**MILITARY SERVICE**

List below, beginning with the most recent, all present and past military service (use a separate sheet of paper if necessary)

Branch of Service	From:	To:
Position Held/Job Title	Dates of Service	
Brief Description of Duties		

**PREVIOUS RESIDENCES**

Have you ever lived outside of the State of Michigan?  Yes  No  
 If Yes, List ALL previous residences

Street Address	City	State	Zip Code	Dates of Residence

**SPECIAL SKILLS AND ABILITIES/CERTIFICATIONS**

Tell us about any special skills you may have.


**REFERENCES**

List three business references, not including family members.

Name	Job Title	Address	Telephone

In case of emergency, contact:

Name
Address
Telephone

**FOR OFFICE USE ONLY**

			Hired	YES	NO
Qualifications		Character	Start Date		
Availability		References	Wages		

**CERTIFICATION AND AGREEMENT**

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of V.O.I.C.E., Inc. if employed.

I understand that consideration for employment at V.O.I.C.E., Inc., is conditional upon a review of my qualifications, work history, references, etc. I authorize V.O.I.C.E., Inc., to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with V.O.I.C.E., Inc., and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to V.O.I.C.E., Inc., in connection with my application for employment with V.O.I.C.E., Inc., I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to V.O.I.C.E., Inc.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Company, with or without cause, and with or without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that neither Company employee nor representative, other than the President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the President. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by V.O.I.C.E., Inc., I will furnish in a timely manner documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to provide the necessary documents in a timely manner.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Applicant's name – printed)