



Although this application may be given consideration, its receipt does not imply that there are open positions or that you will be employed. Methodist Children's Home Society (MCHS) reserves its right to withdraw any offer of employment at any time; similarly, you have the right to withdraw this application at any time.

If you wish to submit a résumé, you may attach it to this application, but in addition, **you must complete this application and answer all questions, even those which relate to information on your résumé.** Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, may result in dismissal even if you are employed.

In conformity with applicable laws **Methodist Children's Home Society is an Equal Opportunity Employer** and does not discriminate on the basis of race, color, religion, sex, age, height, weight, marital status, national origin, sexual orientation, non-disqualifying physical or mental disability, or any other characteristic protected by law or unrelated to job requirements and seeks to select the best-qualified candidate on a nondiscriminatory basis.

Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you. This application will be kept on file for a period of one year. You will need to complete a new application to be reconsidered after that time.

I. PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Your personal email will be used to contact you with updates or for requests for additional information or questions, please make sure you check it regularly.

Are you 18 years old or older? Yes No

Are you legally authorized to work in the United States? (if hired, you will be required to provide proof) Yes No

Have you ever been employed by Methodist Children's Home Society? Yes No

If so, when and why did you leave? _____

Do you have any relatives working for Methodist Children's Home Society? Yes No

If yes, who? _____

Do you have employment, education and/or licensure documents under a different name? Yes No

If yes, what was that name? _____
Last First Middle

Position applying for: _____

Kind of work sought: Full-time Part-time Other: _____

Are you available to work any days, shifts, and/or flexible schedules as required by the position? ... Yes No

If **not**, when are you available to work? _____

Salary desired: \$ _____ per hour year Date available to begin: _____

DISABILITY ACCOMMODATION REQUEST: Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency 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.

This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

Note to Applicants: Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions and meet the attendance requirements of the job you are applying for either with or without a reasonable accommodation?..... Yes No

II. EDUCATION & TRAINING

| | Name and City/State of School | Course/Field of Study | Number of Years Completed | Diploma or Degree |
|-----------------------|-------------------------------|-----------------------|---------------------------|-------------------|
| High School | | | | |
| | | | | |
| Undergraduate College | | | | |
| | | | | |
| Graduate/Professional | | | | |
| | | | | |
| Other (Specify) | | | | |
| | | | | |

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you have that are relevant to the position you are applying for (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status).

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Other Qualifications – summarize special job-related skills and qualifications acquired from employment or other experience.

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

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III. EMPLOYMENT HISTORY (beginning with your most recent employment, please give the following information)

| | | | | | | | | |
|------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------|--|--|
| (1) Name and Address of Employer | | | Position/Job Title | | | Dates Employed (month/year) | | |
| _____ | | | _____ | | | From: _____ | | |
| _____ | | | _____ | | | To: _____ | | |
| _____ | | | Hourly or Annual Rate of Pay | | | | | |
| Phone Number: _____ | | | Starting: _____ | | | Were you fired or otherwise | | |
| Supervisor: _____ | | | Ending: _____ | | | involuntarily terminated? | | |
| Reason for leaving, if not still employed: _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| If still employed, can we contact this employer for employment verification? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | | | | |
| Duties: _____ | | | | | | | | |
| (2) Name and Address of Employer | | | Position/Job Title | | | Dates Employed (month/year) | | |
| _____ | | | _____ | | | From: _____ | | |
| _____ | | | _____ | | | To: _____ | | |
| _____ | | | Hourly or Annual Rate of Pay | | | | | |
| Phone Number: _____ | | | Starting: _____ | | | Were you fired or otherwise | | |
| Supervisor: _____ | | | Ending: _____ | | | involuntarily terminated? | | |
| Reason for leaving: _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Duties: _____ | | | | | | | | |
| (3) Name and Address of Employer | | | Position/Job Title | | | Dates Employed (month/year) | | |
| _____ | | | _____ | | | From: _____ | | |
| _____ | | | _____ | | | To: _____ | | |
| _____ | | | Hourly or Annual Rate of Pay | | | | | |
| Phone Number: _____ | | | Starting: _____ | | | Were you fired or otherwise | | |
| Supervisor: _____ | | | Ending: _____ | | | involuntarily terminated? | | |
| Reason for leaving: _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Duties: _____ | | | | | | | | |
| (4) Name and Address of Employer | | | Position/Job Title | | | Dates Employed (month/year) | | |
| _____ | | | _____ | | | From: _____ | | |
| _____ | | | _____ | | | To: _____ | | |
| _____ | | | Hourly or Annual Rate of Pay | | | | | |
| Phone Number: _____ | | | Starting: _____ | | | Were you fired or otherwise | | |
| Supervisor: _____ | | | Ending: _____ | | | involuntarily terminated? | | |
| Reason for leaving: _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Duties: _____ | | | | | | | | |

If you need additional space, please continue on a separate sheet of paper

IV. PROFESSIONAL REFERENCES (Please provide the names of three professional references that are not related to you):

| Name | How does this individual know you? | Contact Email or Phone Number | Years Acquainted |
|------|------------------------------------|-------------------------------|------------------|
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V. CERTIFICATION AND ACKNOWLEDGEMENT Please read the following before signing

- Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if Methodist Children’s Home Society (hereinafter referred to as MCHS), at any time, should determine that any requested information was withheld by me or any statements are false or misleading, I may be discharged.
- Limitation on Claims:** I agree that any lawsuit against MCHS, and/or its agents or employees, arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues the Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
- Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986 (IRCA). This employer must verify the identity and employment eligibility of anyone who is hired, which includes completing and retaining the Employment Eligibility Verification Form (I-9).
- Employment Related Documentation:** I agree to sign employment-related documents presented to me, including, but not limited to, the MCHS Employee Handbook, the Agency’s Code of Ethics, and the Rules of Conduct. If I refuse to do so, I understand that my employment will be terminated.
- Physical Exam:** Should I be conditionally offered employment in a position with MCHS, I do hereby acknowledge that I may be required to undergo a physical examination as a precondition and prerequisite to my employment with MCHS, and I do hereby authorize and consent to do so as required. Further, I do hereby acknowledge, authorize, and consent to the release of test results and other medical information obtained by the physical examination to the officials, administrative authorities, and agents of MCHS for review and inspection which will be considered and may govern the final decision and determination of whether I will be employed or not.
- Drug and Alcohol Testing:** I understand that MCHS prohibits possession or use of controlled substances in the workplace and that any offer of employment is conditioned upon successful completion of a drug screening. I consent to such a test and authorize the release of test results to MCHS. If I fail to successfully complete the required drug screening with a Negative result, I understand that I will not be employed or that my employment will be immediately terminated if employment has commenced on a contingent basis. I understand and acknowledge that as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination which may include tests for communicable diseases, drugs and/or alcohol.
- Acknowledgement of At-Will Employment:** This application is not an employment contract. Except where a collective bargaining agreement is in place, **Methodist Children’s Home Society is an AT-WILL EMPLOYER.** If I am employed by MCHS, my employment with MCHS is not for any fixed term and may be ended by MCHS at any time, without notice or cause, and for any reason not prohibited by law.
- Consideration for Employment:** I agree to the above terms of employment if I am employed by MCHS. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of MCHS, and that no person in MCHS, other than the CEO, has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of MCHS are subject to exception or change at any time as decided by MCHS in its sole discretion. I also understand and agree that if the position I am being offered, or any position offered to me in the future, requires any form of trial period, that period does not imply any form of contract of employment, either during the period or after nor does completion of the trial period does not entitle me to remain employed by the agency for any definite period of time.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this Certification and Acknowledgement, and I have knowingly and voluntarily signed below.

Signature: _____ Date: _____