

Application for Employment

Return to:
Griswold Operations Center
Food Service Department
22707 Griswold
South Lyon, MI 48178

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status. We are an Equal Opportunity Employer.

Position(s) Applied For

Date of Application

How did you learn about us?

Advertisement Walk-In Friend/Relative Other _____

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)

Email Address

Have you ever filed an application with us before?

Yes No If Yes, give date _____

Have you even been employed with us before?

Yes No If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of visa or Immigration status?

(Proof of citizenship or immigration status will be required upon employment)

Yes No

On what date would you be available for work?

Give date _____

Are you available to work:

Full time Part time Shift work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

List all relatives employed by South Lyon Community Schools:

Not Applicable

Relative Name	Relationship	Position

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application.																	
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</i>																	

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.			
Name			
Address			
City, State, Zip Code			
Telephone Number			

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
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Address			
Telephone Number(s)	Hourly Rate/Salary		
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Job Title	Supervisor		
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

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

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Applicant's Statement

Notice to all Applicants

Before any applicant can begin work, the person must be able to verify, under federal law, that he or she is authorized to work in the United States. All applicants offered a position with South Lyon Community Schools (SLCS) will have to document their authorization to work before the hiring process will be complete.

All applicants are being notified at this time that, if selected for hire, it will be your responsibility to provide SLCS with documentation showing your right to work. SLCS is giving you this notice so you may have those documents ready if you should be offered a position with this district. The documents will be reviewed by the Personnel Department at the time a conditional offer of employment is made.

Notice of Handicapper Rights

SLCS actively encourages applications by qualified individuals with handicaps, and does not discriminate in its consideration of such applicants. If you believe that any accommodation of a handicap will be necessary to permit you to perform the duties of the position, Michigan law requires that you notify the Assistant Superintendent for Administrative Services within 182 days after you knew or should have known that the accommodation was needed. However, this does not waive my rights under the Americans with Disabilities Act of 1990, as amended.

Applicant's Certification and Agreement (please read carefully)

I hereby authorize and unqualifiedly grant permission to SLCS and its administration to make pre-employment inquiries to verify the contents of my application for employment and/or the contents of my resume and any representations made verbally or in any letter of interest that I may have submitted. Further, I authorize unqualifiedly and grant permission to SLCS and its administration to contact any or all of my personal references or former or current employers to obtain information concerning my character, reputation, and/or work experience. I further authorize and unqualifiedly grant permission to SLCS and its administration to make inquiries and obtain any records from law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists and whether there are any felony charges pending against me, including the nature of the offenses. I understand that if I am hired, this application will become part of my permanent file and that any misrepresentation, misleading or untruthful statement or omission is cause for dismissal.

I hereby authorize and consent to a criminal history check by the State Police and I understand that criminal history record information will be provided to SLCS and its administration for the purpose of evaluating my qualifications for employment.

"AT WILL" Employment

I hereby understand and acknowledge that, unless otherwise defined by applicable law or the employee is covered by a master agreement between the union and the Board of Education, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.