

Today's Date

Position Desired



"Opportunities for People with Developmental Disabilities"

EMPLOYMENT APPLICATION

We offer equal employment opportunity to all individuals based upon qualifications and without regard to race, color, religion, sex, national origin, age, non-disqualifying disability, height, weight, marital status, Veteran status and any other characteristic protected by applicable federal, state or local law or ordinance.

PERSONAL INFORMATION

Name

Phone

Address

City

State

Zip

Email

Have you ever been convicted of a crime other than routine traffic offense (includes a "no contest" or guilty plea)? Yes No

Are you over 18 years of Age? Yes No Are you able to work in the US? Yes No

Are you a veteran of U.S. Military Service Yes No

Have you ever worked at or applied to Thresholds, Inc., before? Yes No When?

Have you ever been suspended or discharged from employment? Yes No When?

If yes, please explain:

Are you able to perform the essential functions of the job either with or without reasonable accommodation? Yes No

How were you made aware of the position you are applying for?

EDUCATION AND TRAINING

Type of School	Name and Address of School	Type of Degree or Diploma
High School		
College		
Graduate School		
Other School		

Have you participated in any training/courses/seminars/field placements that directly relate to the job for which you are applying?

WORK OR VOLUNTEER EXPERIENCE

(List present or most recent position first and hours worked)

Company Name	Phone ()-
Address	Employed (Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last

State Job Title and Describe Your Work

Reason for Leaving

May we contact your supervisor at this place of employment? Yes No

If yes, please give phone number and extension. _____

Company Name	Phone ()-
Address	Employed (Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last

State Job Title and Describe Your Work

Reason for Leaving

Company Name	Phone ()-
Address	Employed (Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last

State Job Title and Describe Your Work

Reason for Leaving

LICENSED, REGISTERED OR CERTIFIED APPLICANT INFORMATION

Are you currently Licensed, Registered or Certified in Michigan? Yes No As?

If not, have you applied? Yes No If yes when?

License, Registration or Certification Number _____

Expiration Date: _____

ACTIVITIES

List any civic, professional, social organizations or activities, which have a direct bearing upon the job for which you are applying.

Briefly state why you would like to work at Thresholds, Inc.

GENERAL INFORMATION

Are there any other pertinent facts you would voluntarily like to present to us which, in your opinion, may help us to evaluate your qualifications for the job you are seeking?

On what date will you be available for work? _____

If offered a position, do you have a minimum salary range that you would expect for the position you are seeking? _____

Are you willing to consider part-time employment? Yes No

Do you possess a legal and valid Michigan Driver's License? Yes No

Will you have transportation available? Yes No

REFERENCES

List three references, preferably two from prior employment and one personal or educational reference. Please include first name, last name, phone number, and/or email address and place of business for prior work reference. (Do not list a relative)

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

- 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 THRESHOLDS, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.
- Employment at Will:** If hired by THRESHOLDS, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to THRESHOLDS; I agree that THRESHOLDS also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
- Limitation on Claims:** I agree that any lawsuit against THRESHOLDS and/or its agents 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 that 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:** I am selected for hire, I agree to certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
- Need For Accommodation:** If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, I understand that I must notify THRESHOLDS of this need. Failure to do so in writing within 182 days after I know or reasonably should have known that an accommodation is needed may bar me from alleging that THRESHOLDS has not accommodated me as required by law.
- Drug Testing:** I agree to provide THRESHOLDS with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
- Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
- Security:** I agree that the contents of any offices, work spaces, desks, lockers, computer and computer generated data, any THRESHOLDS property I may be using, as well as my person and any property I bring onto THRESHOLDS's premises, may be inspected by THRESHOLDS at any time, and I waive and promise not to make any claims against THRESHOLDS (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by THRESHOLDS, I will not disclose to anyone or use for my own purposes, any of THRESHOLDS's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to THRESHOLDS all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.
- Consideration for Employment:** I agree to the above terms. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a contract signed by both THRESHOLDS and me and authorized by a written resolution of THRESHOLDS, and that no person in THRESHOLDS 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 THRESHOLDS are subject to exception or change at any time as decided by THRESHOLDS in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date _____, 20____ Signature of Applicant _____



“Opportunities for People with Developmental Disabilities”

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with THRESHOLDS.

I authorize all employees and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to THRESHOLDS any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to THRESHOLDS. I further authorize all educational institutions I have attended to disclose to THRESHOLDS any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to THRESHOLDS

I understand that under Michigan’s Bullard-Plawecki Employee-Right-To-Know Act I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to THRESHOLDS, or to any employment decisions made by THRESHOLDS as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name _____
(Please Print)

Signature _____ Date _____, 20_____