



**Application for Employment**  
An Equal Opportunity Employer

We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, color, religion, age, sex, marital status, national origin, disability, sexual orientation or veteran status. Answer all questions honestly as all statements made by you may be checked for accuracy. Acceptance of this application does not imply a commitment of employment. **This application will remain active for 6 months.** After 6 months, applicants must submit another application to be considered for employment.

Date: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security# (last 4 only): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No

Are you a U.S. citizen or legally eligible to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Referred by: \_\_\_\_ Ad \_\_\_\_ Employee, who \_\_\_\_\_ \_\_\_\_ Other, please list \_\_\_\_\_

Have you ever filed an application here before: \_\_\_\_ Yes \_\_\_\_ No If yes, give date \_\_\_\_\_

Have you ever previously been employed here or at another Courtyard Manor? \_\_\_\_ Yes \_\_\_\_ No

If yes, list dates and locations \_\_\_\_\_

Are you acquainted/related to any current employee(s)? \_\_\_\_ Yes \_\_\_\_ No If yes, who? \_\_\_\_\_

Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_ For what? \_\_\_\_\_

Do you have any disabilities that may limit your ability to perform the work for which you are applying?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

What can be done to accommodate your limitation? \_\_\_\_\_

**AVAILABILITY**

Date you can start: \_\_\_\_\_ Lowest Acceptable wage: \$ \_\_\_\_\_

\_\_\_\_ full-time \_\_\_\_ part-time

|            | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|--------|---------|-----------|----------|--------|----------|
| From(time) |        |        |         |           |          |        |          |
| To(time)   |        |        |         |           |          |        |          |

**EDUCATION**

| Type of School         | Name and Address of School | Diploma/Degree/Cert | Major/Course of Study |
|------------------------|----------------------------|---------------------|-----------------------|
| High School            |                            |                     |                       |
| College                |                            |                     |                       |
| Technical/Trade School |                            |                     |                       |

List any additional or special training, education or skills \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

List last three employers with the most recent listed first. Information provided is subject to verification. All employers may be contacted once an offer of employment is made.

**\*\*\*A resume may not be submitted as a substitute to completing this section.\*\*\***

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Acknowledgement

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Under the Michigan Handicappers' Civil Rights Act, an employer has a legal obligation to accommodate an employee's or applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

I hereby certify, to the best of my knowledge that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for immediate termination of my employment. I understand that the company may investigate my work and personal history and verify all data given on this application or related papers, and in interviews and authorize the company to do the same. This inquiry may include information to my character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry. I authorize all schools, individuals, and employers named therein, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that your company can terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

I agree to conform to the policies and procedures of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand that my employment may be terminated at any time, with or without cause, and with or without advance notice at either the option of the company or myself.

I agree to a physical examination and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand and acknowledge that as part of my employment I may be required to submit to random medical and/or health examinations at the employer's discretion and expense.

I understand that my employment is conditional until such time as the results of any pre-employment drug testing is known. I also understand and acknowledge that as part of my employment I may be required to submit to random drug testing at the employer's discretion and expense.

I understand that my employment is conditional until such time as the results of any criminal history check is known. I also understand and acknowledge that as part of my employment I may be required to submit to criminal history checks annually and at the employer's discretion/expense.

Employee Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_