



BENZIE
SENIOR RESOURCES
Be connected. Be supported. Be home.

BENZIE SENIOR RESOURCES EMPLOYMENT APPLICATION

10542 Main Street, Honor MI 49640

Phone: 231-525-0600

Fax: 231-325-4855

INSTRUCTIONS

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The Benzie Senior Resources reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. This application will remain active for ninety (90) days.

If you wish to submit a resume, 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 resume. Please be sure that all 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, or otherwise, may result in dismissal even if you are employed. 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.

As required by law, the Benzie Senior Resources does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship, disability, sex, pregnancy, age, height, weight, genetic information, veteran status, marital status or any other protected class status under applicable law.

Please Print Clearly

Name & Contact Information (Information as it appears on your Social Security Card)

Today's Date: _____

Name: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Are you legally authorized to work in the U.S.?

Yes ☐ No ☐

Are you 18 years or older? Yes ☐ No ☐

In case of emergency, notify: _____ (____) _____
Name Phone

Employment Request

Position applying for: _____ Full Time ☐ Part time ☐

If part time, specify days and hours: _____

Salary Requirements _____ per hour/per week/per annum (circle one)

How did you learn of our position opening? _____ Date available to start: _____

Have you applied with us previously? Yes ☐ No ☐ If yes, specify: _____

List anyone you know who works for us: _____

Did you receive a job description? Yes ☐ No ☐ Are you able to do the essential function for the job(s) for which you are applying? Yes ☐ No ☐ If no, please identify the applicable functions: _____

Why are you interested in employment with us? _____

Education

	Name of School	City & State	Course or Major		Degree
High School				Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	
				Number of Years Completed (Circle): 1 2 3 4	
Other – Give Type				Number of Years Completed (Circle): 1 2 3 4	

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

List any computer and equipment and other office equipment you can operate proficiently: _____

List any special certification, skills, knowledge, or experience which you feel may be relevant to the job you are seeking: _____

Employment Experience

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes ☐ No ☐ If yes, may we contact? Yes ☐ No ☐

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

If you need additional space, attach a separate sheet of paper

Are you currently on "layoff" status and subject to recall? Yes ☐ No ☐

If you are now employed, why do you want to change your job? _____

Military Service Record

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ☐ No ☐

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes ☐ No ☐ If yes, date obligation ends _____

Special/technical training _____

Background Information/Personal Information

Have you ever convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea)

Yes ☐ No ☐

If yes, explain: _____

Are you currently under indictment or charged with a felony? Yes ☐ No ☐

If yes, explain in detail: _____

Have you had any moving traffic violations? Yes ☐ No ☐ If yes, please describe: _____

Has your privilege to operate a motor vehicle even been denied, suspended or revoked? Yes ☐ No ☐

If yes, explain in detail: _____

Have you ever had an application or surety bond refused? Yes ☐ No ☐

Have you ever been denied a license or certification? Yes ☐ No ☐

If yes, explain in detail: _____

Have you ever had any license or certification placed under investigation, suspended, revoked, or have you otherwise been disciplined or put under probation related to licensing or certification? Yes ☐ No ☐

If yes, explain in detail: _____

REFERENCES (Do not include relatives or current employees of Benzie Senior Resources)

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		

IMMIGRATION LAW COMPLIANCE:

Benzie Senior Resources employs only United States Citizens and those non-U.S. citizens authorized to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with Benzie Senior Resources within the past three years or if their previous I-9 is no longer retained or valid.

CERTIFICATION AND RELEASE:

I authorize Benzie Senior Resources and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release Benzie Senior Resources from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs or other controlled substances prior to and during employment.

I understand and agree that if I am hired, employment is "at will" and that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Executive Director of Benzie Senior Resources. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of Benzie Senior Resources as they are from time to time changed, and no additional obligations can be imposed on Benzie Senior Resources except those which have been acknowledged in writing by the Executive Director of his/her designated representatives.

I also understand that due to the nature of the business, no amount of work can be guaranteed.

I agree that any action or suit against Benzie Senior Resources, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but no Federal civil rights statutes containing a separate limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against Benzie Senior Resources, in which Benzie Senior Resources prevails, I will pay to Benzie Senior Resources any and all such costs incurred by Benzie Senior Resources in defense of said claims or actions, including attorney fees.

RESTRICTIVE COVENANT:

I agree not to do business directly with any individual or business entity that Benzie Senior Resources has introduced to me or by entering into employment with such individuals or business.

Agree: YES / NO

My signature below indicates that I have read the above and my answers are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE



Benzie Senior Resources Contact for Background Check

I, _____ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- Michigan Public Sex Offender Registry (PSOR) AND National Sex Offender Registry

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job role considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the **Benzie Senior Resources**. I further hereby hold harmless agency and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name _____ Date _____

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print Legibly)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Address _____

City/State/Zip _____

Date of Birth _____

Email Address (required) _____

Driver's License Number # _____ Expiration Date _____ or

Michigan ID # _____ Expiration Date _____

Race _____ Gender _____

Social Security Number # (required) _____

☐ **Please check here if you would like a copy of your background results emailed to you**