



# The Arc of Calhoun County Application for Employment

## Contact Information:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Position Detail:

Position applying for? \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

The position you are applying for may require driving; do you have a valid driver's license?

No \_\_\_\_\_ Yes \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Some positions within The Arc require working closely with persons with disabilities. Background checks for crimes, substantiated abuse, neglect, exploitation, or mishandling funds, will be conducted. Affirmative answers to these questions may not automatically preclude you from consideration for employment;

	Yes	No
Have you ever been convicted of a crime?		
Are there any criminal or civil charges pending against you?		
Are you on a court-supervised probation or parole?		
Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds, or any other recipient rights violations?		

If you answered yes to any of the above, please explain:

Have you ever been employed by The Arc before? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, give dates of employment and indicate if employed under a different name:

## Education and Skills:

School Level	Name & Location of School	Year Graduated	Degree	Focus Areas
High School				
College				
Trade, Business, School				

Special skills or training that you feel would be useful for the position that you are applying for:

## Previous Work Experience and References:

List below the last three employers, starting with the most recent:

### **Employer #1**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### **Employer #2**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### **Employer #3**

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Personal References****Email Address****Phone Number**

1.		( ) -
2.		( ) -

**Professional References****Email Address****Phone Number**

1.		( ) -
2.		( ) -
3.		( ) -

**Paragraph:**

Please share what services and opportunities should be offered to people with developmental disabilities.

**Notices:**

I waive all written notice from all prior employers and consent to releasing any information relating to my job performance that is documented in my personnel file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that any false or incomplete answers on this application or in any subsequent interviews are grounds for not being considered for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application will be kept current for six months, you will need to complete another application to be reconsidered for a position after six months from this application.

**Employment Agreement:** In consideration of employment, I agree to conform to the rules and regulations of the employer and my employment and compensation can be terminated at will, with or without cause and with or without notice at any time, at the sole discretion of the employer or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one, other than the Executive Director, has any authority to make any changes to an Employment Agreement unless in writing and signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Arc of Calhoun County**

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thearccalhoun.org

