

# Application for Employment

## Mount Elliott Cemetery Association

18201 Clinton River Road  
Clinton Township, MI 48038  
(586) 286-9020

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Referral Source (Please check the appropriate category and name the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you at home is... \_\_\_\_\_ : \_\_\_\_\_ AM/PM

May we contact you at work? .....  Yes  No

If yes, work number and best time to call:

(\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ AM/PM

If you are under 18 and it is required,

Can you furnish a work permit?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position (s) \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time

Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?.....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?.....  N/A  Yes  No

Will you work overtime if required?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If no, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

Please note that answering "Yes" to this question will not necessarily preclude you from consideration for the position you are applying for.

## Employment History

Starting with your most recent employer, provide the following information.

Employer ( )	Telephone # ( )	Month	Year	Month	Year
Street Address City State		Dates Employed: / to /			
Starting job title/final job title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
Why did you leave?		Compensation (Final)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			

Summarize the type of work performed and job responsibilities

What did you like most about your position?

What were the things you liked least about the position?

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		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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Summarize the type of work performed and job responsibilities

What did you like most about your position?

What were the things you liked least about the position?

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

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

## Skills and Qualifications

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years \_\_\_\_\_       Internet \_\_\_\_\_ Years \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years \_\_\_\_\_       Other \_\_\_\_\_ Years \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years \_\_\_\_\_       Other \_\_\_\_\_ Years \_\_\_\_\_  
 Email \_\_\_\_\_ Years \_\_\_\_\_       Other \_\_\_\_\_ Years \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

## Related Information

To what job related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employers or customers?

Yes  No  Not applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_

## Applicant and Employment Statement

**THE FOLLOWING PARAGRAPHS CONTAIN IMPORTANT NOTICES EXPLAINING YOUR LEGAL RIGHTS DURING THIS APPLICATION PROCESS AND DURING YOUR EMPLOYMENT, IF HIRED**  
**READ EACH PARAGRAPH COMPLETELY AND CAREFULLY**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Company's service, whenever it is discovered.

*Continued on next page*

**Knowing and Voluntary Litigation Agreement and Waiver.**

**A. Claims Brought Under Michigan Law.**

In consideration of the Company's review of my application, I agree that any claim or lawsuit of any nature which arises out of my employment with the Company, or my application for employment with the Company, must be filed no more than 180 days after the date of event complained of, unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**, unless state law prohibits such waiver. I further agree that if I should bring any non-statutory action or claim arising out of my employment or potential employment against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorneys fees.

**B. Claims Brought Under Title VII of the Civil Rights Act of 1964.**

In consideration of the Company's review of my application, I agree that any Title VII claim or lawsuit which arises out of my employment with the Company, or my application for employment with the Company, must be filed no more than 185 days after the date of filing a proper and timely charge with the EEOC. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**, unless Federal law prohibits such waiver or prohibits such a reduction in the statute of limitations. I further agree that if I should bring any non-statutory action or claim arising out of my employment or potential employment against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorneys fees.

**C. Claims Brought Under Federal Law Other Than Title VII.**

In consideration of the Company's review of my application, I agree that any claim or lawsuit of any nature which arises out of my employment with the Company, or my application for employment with the Company, must be filed no more than 180 days after the date of event complained of, unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**, unless Federal law prohibits such waiver or prohibits such a reduction in the statute of limitations. I further agree that if I should bring any non-statutory action or claim arising out of my employment or potential employment against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorneys fees.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AND EMPLOYMENT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant and Employment Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_

Attach Current Resume Here