MORRICE AREA SCHOOLS

HOME OF THE ORIOLES

691 PURDY LANE
MORRICE, MI 48857

PHONE #: 517 625-3142 FAX #: 517 625-3866

APPLICATION FOR EMPLOYMENT

DATE_____

NAME_____

PRESENT ADDRESS_____
STREET CITY

_____TELEPHONE_____
STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?_____

SOCIAL SECURITY NUMBER_____ARE YOU 18 YEARS OR OLDER?_____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?_____

EMPLOYMENT DESIRED

POSITION_____ DATE YOU CAN START_____

ARE YOU EMPLOYED NOW?_____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?_____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?_____ WHERE?_____ WHEN?_____

REFERRED BY:_____

IT IS THE POLICY OF MORRICE AREA SCHOOLS THAT NO PERSON SHALL, ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION DURING ANY PROGRAM OR ACTIVITY OR IN EMPLOYMENT.

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____			
HIGH SCHOOL	_____			
COLLEGE	_____			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____			

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

_____

WHAT SPECIAL WORK EXPERIENCES HAVE YOU HAD? _____

_____

_____

U.S. MILITARY OR NAVAL SERVICE FROM TO DATE DISCHARGED _____

RANK & DUTIES _____

_____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

REFERENCES: Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS PHONE

PRIOR EMPLOYMENT
(Start with most recent employer)

Employer	Phone (____)_____	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer	Phone (____)_____	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

Employer	Phone (____)_____	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

The above information is true and complete to the best of my knowledge. Should I be employed by Morrice Area Schools, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Morrice Area Schools has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Morrice Area Schools.

I understand this application does not constitute an employment contract of any kind. Should I be employed by Morrice Area Schools, I may resign such employment at any time at my discretion with or without prior notice and Morrice Area Schools may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. I also understand that my supervisor has no authority to change this at will relationship. This constitutes the entire agreement concerning potential employment with Morrice Area Schools.

Signature Date