

APPLICATION FOR EMPLOYMENT

Please print or type all information



BHK Child Development
700 Park Ave, Houghton, MI 49931
(906)482-3663 | (800) 236-5657
www.bhkfirst.org

DATE:	<input type="text"/>		
FULL NAME:	<input type="text"/>		
FORMER NAME /ALIAS:	<input type="text"/>		
PHONE NUMBER:	<input type="text"/>	EMAIL:	<input type="text"/>
CURRENT PHYSICAL ADDRESS:	<input type="text"/>		
POSITION APPLIED FOR:	Full-time Part-time	<input type="text"/>	
HOW DID YOU HEAR ABOUT BHK?	<input type="text"/>		

EDUCATION AND TRAINING

Type of School	Name & Location of School	Dates attended (From-To)	Major/Minor/ Classes (details)	Academic degree awarded
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WORK EXPERIENCE

Current/Most Recent Employer		May we contact?	Yes	No
Employer/Company Name:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:	<input type="text"/>			
Telephone:	<input type="text"/>	Supervisor Name:	<input type="text"/>	
Dates of employment: Hired on:	<input type="text"/>	Employment ended on:	<input type="text"/>	
Position held:	<input type="text"/>			
Primary duties:	<input type="text"/>			
Reason for leaving:	<input type="text"/>			
Previous Employer		May we contact?	Yes	No
Employer/Company Name:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:	<input type="text"/>			
Telephone:	<input type="text"/>	Supervisor Name:	<input type="text"/>	
Dates of employment: Hired on:	<input type="text"/>	Employment ended on:	<input type="text"/>	
Position held:	<input type="text"/>			
Primary duties:	<input type="text"/>			
Reason for leaving:	<input type="text"/>			
Previous Employer		May we contact?	Yes	No
Employer/Company Name:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:	<input type="text"/>			
Telephone:	<input type="text"/>	Supervisor Name:	<input type="text"/>	
Dates of employment: Hired on:	<input type="text"/>	Employment ended on:	<input type="text"/>	
Position held:	<input type="text"/>			
Primary duties:	<input type="text"/>			
Reason for leaving:	<input type="text"/>			

REFERENCES

Please list three references, none are to be a relative.

Name	E-mail address	Phone Number	Relationship

The Agency is committed to the principles of equal opportunity employment and is committed to make employment decisions based on merit. The Agency desires to maintain a work environment that is free of harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age, or any other status protected by Federal, State, or local laws.

I understand that if I have a disability and need reasonable accommodation in any step of the hiring process to assist me in demonstrating my qualifications to perform the duties of the job for which I am applying, I should inform the Human Resources Department of Agency.

I acknowledge that consideration for employment is contingent on the results of a reference and comprehensive background check, possible skills or other tests, and if I am offered employment, that my employment is conditional until the results of my post-offer physical and background clearances are known.

In consideration of any employment, I agree to conform to the rules and regulations of the Agency. At the option of either the Agency or myself, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time.

I, [REDACTED] hereby authorize the investigation of my past and present employment, education, military service, character, and criminal history information that pertains to me on file at the Michigan State Police Internet Criminal History Access Tool (ICCHAT), to determine any and all information pertinent to my qualifications for employment. I hereby authorize you access to any and all information, of record or not, and release you and all persons, agencies, companies, and firms from any damages that may result from providing such information.

Applicant Signature: _____

Date: _____

Date of Birth (necessary for background check): _____

Incomplete applications will not be considered.

This application is active for one year.