

# Application for Employment

BHK CDB 9/14

(Please print all information)



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

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

Name: \_\_\_\_\_  
(First MI Last)

Maiden name/Alias: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Current physical address: \_\_\_\_\_  
(include city, state, county and zip code)

How long at current address: \_\_\_\_\_

If less than 1 year, provide prior address: \_\_\_\_\_

\*Applicant may be required to provide criminal background check if current (or prior, if less than 1 year) address is out of state.

Mailing address (if different): \_\_\_\_\_

Position applied for:  Full-time  Part-time in the area of \_\_\_\_\_  
(i.e. teaching, maintenance, secretarial, etc)

If hired, can you provide documents required to prove that you are legally able to work in the U.S.?  Yes  No

If employed and under 18, can you furnish a work permit?  Yes  No  Not applicable

Are there any experiences, skills, or qualifications that you possess that would qualify you for a position within this Agency?

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

Have you ever worked for BHK Child Development Board?  Yes  No If yes, what year? \_\_\_\_\_

Do you have relatives working for this Agency or on its Board or Council?  Yes  No  
If yes, who? \_\_\_\_\_

Are you a **current** BHK Head Start, Early Head Start, childcare, etc. parent?  Yes  No

Are you a **past** BHK Head Start, Early Head Start, childcare, etc. parent?  Yes  No

How did you hear about BHK? \_\_\_\_\_

## Education and Training

(No need to include Elementary School)

Type of school	Name & location of school	Dates attended From - To	Major / Minor / Classes (details)	Academic degree awarded

## Work History

(Please start with the most recent) (Include U.S. military service as an employer along with type of discharge)  
**(Indicating "See Resume" is not acceptable)**

**Current/most recent employer:** **May we contact:**  Yes  No

Employer/Company name:

Address:

Street	City	State	Zip
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Telephone: Supervisor name:

<u>Dates of employment</u>		Starting rate of pay: \$ _____
Hired on:	Ended on:	Final rate of pay: \$ _____

Position held:

Primary duties:

Reason for leaving:

**Previous employer:** **May we contact:**  Yes  No

Employer/Company name:

Address:

Street	City	State	Zip
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Telephone: Supervisor name:

<u>Dates of employment</u>		Starting rate of pay: \$ _____
Hired on:	Ended on:	Final rate of pay: \$ _____

Position held:

Primary duties:

Reason for Leaving:

**Previous employer:** **May we contact:**  Yes  No

Employer/Company name:

Address:

Street	City	State	Zip
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Telephone: Supervisor name:

<u>Dates of employment</u>		Starting rate of pay: \$ _____
Hired on:	Ended on:	Final rate of pay: \$ _____

Position held:

Primary duties:

Reason for Leaving:

## References

(Not a relative)

Name	Address	Occupation	Phone Number

**If you think any additional information would be helpful in considering your application, please enclose a resume or written statement.**

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### **Authorization For Release Of Information**

To Whom It May Concern:

I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records to determine any and all information pertinent to my qualifications for employment. I hereby authorize you to provide 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.

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

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

### **Authorization To Release Criminal History Information**

Federal policies require that all **prospective employees** sign a declaration prior to employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Conviction related to other forms of child abuse and/or neglect; and
- All convictions of violent felonies.

Please provide your *initials* on the appropriate category below:

\_\_\_\_\_ I **have not been** arrested, charged, and/or convicted on any offenses listed above.

\_\_\_\_\_ I **have been** arrested, charged, and/or convicted on one or more of the offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, and other relevant information.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. BHK Child Development Board will review each case to assess the relevance of an arrest, charge, or conviction prior to a hiring decision.

Have you been convicted of any felonies or misdemeanors?

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

Are any civil suits or judgments pending against you?  Yes  No

If yes: Date: \_\_\_\_\_ Place: \_\_\_\_\_  
(month/day/year)

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Have you been involved in substantiated abuse or neglect of children or adults?  Yes  No

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

I, \_\_\_\_\_, hereby authorize, to BHK Child Development Board, the release of all criminal history information that pertains to me, on file, at the Michigan State Police Internet Criminal History Access Tool [ICHAT] and the United States Department of Justice Dru Sjodin National Sex Offender Public Website. Date of birth \_\_\_\_\_

I acknowledge that consideration for employment is contingent on the results of a reference and 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 are known. Should I be offered employment, I hereby consent to such post-offer physical, which may include a controlled substance test. I authorize the Agency to investigate the truthfulness of all statements made on this application or in connection with my post-offer physical, to contact former employers and other listed references or concerning this application, including any post-offer physical, and authorize release of information concerning any disciplinary action without any obligation to give me written notice of such disclosure.

I agree to execute any lawful releases, consents and waivers required by the Agency. I hereby release the Agency and any other person from any liability whatsoever as a result of such inquires and disclosures.

This Agency is committed to the principals of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal opportunities, as well as all laws related to terms and conditions of employment. The Agency desires to maintain a work environment that is free of sexual 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. The Agency will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the Agency.

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 Executive Director. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the Agency, in writing, of the need for accommodation within 182 days of the date the disabled individual knows, or should know, that an accommodation is needed. Failure to notify the Agency may preclude any claim that the employer failed to accommodate the disabled individual.

I agree that any action of suit against the Agency, arising out of my employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or suit arising out of my employment, in which the Agency prevails, I will pay the Agency all costs incurred in defense of such claims, including but not limited to, attorney fees.

**Any failure by me to fill out proper forms, or provide notification of any employee benefits which results in loss of benefits, shall not be retroactively** paid for and/or covered. Also, my failure to properly notify the Agency of changes in my family status, or other pertinent information, which results in unwarranted costs to the Agency shall be my responsibility.

Any misrepresentation by myself in this application, any refusal by myself to sign lawfully required releases, consents or waivers, or any failure by myself to properly complete any lawfully required forms (I-9, W-4, etc.) may result in cancellation of this application and/or separation from the Agency's service if I have been employed.

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 understand that no representative of the Agency, except the Executive Director, has any authority to enter into any agreement of any specified time or to make any agreement contrary to the foregoing.

I certify that I have read this application in its entirety, and that the information  
I have provided above is true and correct.

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

**Incomplete applications will not be considered.  
This application is only active for one year.**