

GREATER ISHPEMING COMMISSION ON AGING  
 320 SOUTH PINE STREET  
 ISHPEMING, MI 49849  
 EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: First Middle Last  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_ DRIVER=S LICENSE: \_\_\_\_\_

*SOCIAL SECURITY NUMBER TO BE PROVIDED AT TIME OF EMPLOYMENT*

Do you own and have use of your personal vehicle? \_\_\_\_\_ If YES - - Insured By: \_\_\_\_\_

Personal References

| Name & Relationship | Address | Telephone |
|---------------------|---------|-----------|
|                     |         |           |
|                     |         |           |
|                     |         |           |

Work Experience

| Date | Contact Person | Address/Telephone |
|------|----------------|-------------------|
|      |                |                   |
|      |                |                   |
|      |                |                   |

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please provide additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

High school years completed: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College Attended: \_\_\_\_\_ College Years Completed: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

Additional education/training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acknowledgement for Release of Information

My signature verifies that all information I have given on this form is correct. I understand that this information may be verified by the Greater Ishpeming Commission on Aging and this investigation may include inquiries with local and state law-enforcement agencies, courts, and other public records. I understand that any false information may be cause for not being considered for this position or for termination of my contract for services.

I hereby authorize the Greater Ishpeming Commission on Aging to make any investigation of my employment, education or background history. I release all relevant parties from all liability of any damages resulting from furnishing such information. This release is authorized in determining my eligibility for providing services through the Greater Ishpeming Commission on Aging.

For such purposes I have completed the information side of this document and provide the following information:

Full Name: \_\_\_\_\_

Maiden/Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature