

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

DATE: _____ POSITION APPLYING FOR: _____

NAME: _____
First Middle Last

ADDRESS: _____

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	Job Title	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 employment.

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