



FiveCAP, Inc.

302 N. Main Street, PO Box 37, Scottville, MI 49454
 (231) 757-3785 fax (231) 757-9669 fivecap@fivecap.org



APPLICATION FOR EMPLOYMENT

Position Applying For: _____ Date: _____

Last Name			First	Middle	Maiden Name
Street Address					Daytime Phone
City		State		Zip	Alternate Phone
Social Security #					Email

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Vocational: 1 2 3 4 College: 1 2 3 4 Type of Degree: _____

School	Name & Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
Elementary				Yes / No	
High School				Yes / No	
Business/Trade/ Technical				Yes / No	
College				Yes / No	
Graduate School				Yes / No	

Do you have any special skills, certifications or training?

PLEASE LIST MOST RECENT EMPLOYER FIRST

COMPANY NAME	Telephone ()
Address	Employed - State month & year From: To:
Name of Supervisor: Title:	Weekly Pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

What extracurricular activities do you participate in? _____

Do you have any relatives employed at FiveCAP, Inc.? Yes _____ No _____

Do you have any conflicts of interest that should be disclosed to FiveCAP, Inc. prior to employment? Yes _____ No _____

Do you have any relatives who are members of the Board of Directors? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____ If yes, name employer: _____

How soon could you be available to begin work? _____

ACKNOWLEDGMENT OF JOB PERFORMANCE ABILITY:

I, the undersigned applicant, am able to perform all physical functions pertaining to the job for which I have applied at FiveCAP, Inc. I am able to read, bend, squat, sit for extended periods of time, lift and/or carry a child or box up to sixty (60) lbs. I understand and can demonstrate any and all safety procedures. I understand that an employment physical will be required at my own expense.

Applicant Signature: _____

LIST THREE INDIVIDUALS WHO ARE NEITHER RELATIVES, MATES, NOR FORMER EMPLOYERS AS REFERENCES

Name: _____ Address: _____

Business/Occupation: _____ Phone: _____

How many years has this person known you? _____

How did this person come to know you? _____

Name: _____ Address: _____

Business/Occupation: _____ Phone: _____

How many years has this person known you? _____

How did this person come to know you? _____

Name: _____ Address: _____

Business/Occupation: _____ Phone: _____

How many years has this person known you? _____

How did this person come to know you? _____

In case of an emergency notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

FiveCAP, Inc. is an Equal Opportunity Employer

Michigan law requires employers to make accommodations to applications who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer. Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the person with disabilities.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I agree to conform to the rules and regulations of the Employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment and compensation is "at will". I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, the undersigned applicant agrees, authorizes and consents to the procurement of a Consumer Report and/or an Investigative Consumer Report and understands that it may contain information about the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by FiveCAP if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to FiveCAP. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: FiveCAP, Inc (P.O. Box 37 Scottville, MI 49454). I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

I agree that any action or suit against the Employer 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.

 Date

 Applicant Signature

Form Revised 3/2015

FOR OFFICE USE ONLY

REFERENCE CHECK:

EMPLOYER	PERSON CONTACTED	RESULTS
1.		
2.		
3.		
4.		

INTERVIEWER COMMENTS

Interviewed By: _____	Date: _____
Comments: _____	
Should Applicant be considered? _____	
Personality: _____	
Experience: _____	
Conversational Ability: _____	
Other: _____	

Hired: Yes No

Rejected: Yes No