



Application for Employment
'An Equal Opportunity Employer'

Attn: Human Resources
1515 Howard St.
Petoskey, MI 49770

PERSONAL INFORMATION:

Today's Date

Name Last First Middle

Present Address Street City State Zip Code

Permanent Address Street City State Zip Code

Telephone Number Are you 18 years or older? Yes No

Cell Phone Number E-mail Address:

Describe any U.S. Military Service branch, rank, type and date of discharge.

Are you presently in the United States armed forces, active or reserve? If so, identify unit and any service obligations.

Are you legally entitled to work in the United States in the position (s) you are applying for? Yes No

Have you ever been convicted of, or pled guilty or no contest to, a crime, or are you presently charged with a felony? If so, please give details including date, place, and circumstances.

EMPLOYMENT RELATED:

Position Desired: Date you can start:

Are you employed now? If so, may we inquire of your present employer?

Have you ever worked for NCMC before? Where? When?

Applicants applying for full-time positions please complete the following question.

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, explain.

FORMER EMPLOYERS: (List below last four employers, starting with last one first)

| Date Month & Year | Name & Address of Employer | Position | Reason for Leaving |
|----------------------|-------------------------------|----------|-----------------------|
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |

Describe fully the nature of the work in your present (or most recent) job. _____

Which of your jobs did you like best? _____

Why? _____

What special skills or knowledge do you have that will aid you in qualifying for employment? _____

If you are applying for an administrative, teaching, counselor, librarian or other professional position, please attach your resume and include copies of your credentials with this application.

| Education | Name and Location of School | Years Attended | Subject Studied | Did you Graduate? |
|--|-----------------------------|----------------|-----------------|-------------------|
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

Highest Degree Earned: _____

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

| Name | Address | Telephone & E-mail address | Years Known |
|------|---------|----------------------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PLEASE READ CAREFULLY AND SIGN:

1. Certification of Truthfulness. I certify that the information I have supplied is true and correct. I understand and agree that any deliberate falsification, misrepresentations, or omissions of fact may be cause for rejection of my application and/or dismissal from subsequent employment by North Central Michigan College ("NCMC").
2. Authorization for Release of Information. I hereby authorize all my previous employers or references to furnish to NCMC any information concerning my employment and education experience and records, including disclosure of disciplinary matters; I waive written or other notice of any such disclosure. I hereby release all such persons from liability or damages incurred as a result of any such inquiry and/or the furnishing of any such information.

I agree that, except as prohibited by statute, NCMC may, during or after my employment disclose to or discuss with employees/agents of NCMC, or with potential employers who inquire, any information or opinions relating to me or my employment. I waive written or other notice of any such disclosure (including disclosure of disciplinary matters), and I release and promise not to make any claims against NCMC (or its employees, trustees, administrators, or agents) relating to any such disclosure or discussion.

3. Employment Obligation. If I am hired, I agree to abide by all rules, regulations and policies of NCMC, including any changes made at any time after my hire, as NCMC may determine. I further understand and agree that NCMC has the right to amend the terms and conditions of my employment at any time, except as prohibited by statute.

I agree that the contents of any office, locker, desk, equipment or other NCMC property I may use, and any of my own property I bring onto NCMC's premises (including, without limitation, cars, packages, and purses), may be inspected by NCMC at any time NCMC believes that it has reason to do so. I waive any claims against NCMC or its agents relating to such inspection, and agree that any failure by me to cooperate in such inspection is cause for discharge.

4. Probation Period. Employment by NCMC is terminable during my probationary period at the will of either me or NCMC, at any time and without cause or notice. This "at will" probationary employment can be changed only by NCMC's President, in writing.
5. Authorization to Work. Any offer of employment to me will be subject to verification that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
6. Limitation on Claims. I agree that any action or suit against NCMC arising out of my employment, or its termination, including but not limited to claims arising under Federal or State civil rights statutes, will be forever barred if they are not brought within the earlier of either: a) 365 days of the event giving rise to the claim; or b) such shorter time limit as may be provided by the relevant statute of limitations. I waive any statute of limitations to the contrary.
7. Need for Accommodation. If I am a disabled individual who requires an accommodation to perform the job, I recognize that I must notify NCMC of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so may bar me from alleging that NCMC has not accommodated me as required by law.

8. Physical Exam; Drug/Alcohol Testing. I agree to take a physical examination if/when NCMC makes me a conditional offer of employment and I authorize NCMC or its designated agent(s) to withdraw a specimen(s) of my blood, breath, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of illicit drugs or other substances. I will comply fully with all procedural requirements of any such testing agency. I understand that decisions concerning my employment will be made as a result of such test(s). I further understand NCMC reserves the right to at any time administer testing procedures to employees in accordance with its policies to detect the presence of drugs or alcohol in the body, except as prohibited by statute. I waive and release and promise not to make any claims against NCMC (or any testing agency retained by it), or their employees, directors, owners and agents relating to any such testing, or relating to decisions made regarding my employment or termination of employment based upon the results of such testing or analysis; provided, however, that this does not constitute a waiver of any rights I may have as a non-probationary employee to pursue such internal grievance, appeal, or arbitration rights as may be provided by NCMC policies or agreements.

I have read and understand the items "1" through "8" set forth above and I agree that these terms and conditions apply to my application for employment with North Central Michigan College and **to any** employment offered by North Central Michigan College.

Applicant's Signature _____

Date _____

Authorization and Waiver

I authorize and request that my former employers, references and educational institutions that have information about me give to North Central Michigan College any information and opinions about me in their possession. I hereby waive written notice of the release of such opinions and information (including disclosure of discipline), and I release such former employers, references and educational institutions from any liability or claim relating to such release of opinions and information. I also authorize and request that federal, state, and local governmental agencies release to North Central Michigan College all information possessed by them concerning any criminal convictions on my record. I release such federal, state and local governmental agencies from any liability or claim relating to such release of information. I also authorize North Central Michigan College to use a consumer reporting agency to obtain a criminal background check on me.

If /when I am selected as a finalist for any position with North Central, I will provide my name, address, date of birth and social security number on a separate information sheet provided to be used for a criminal background check. I understand that this information will only be used for obtaining this report, will not be kept in my personnel file and will not be known by the decision makers on my employment. I will also receive a notice explaining my rights under the Fair Credit Reporting Act with regard to this report.

I authorize all medical doctors, physicians or other health care providers to release to North Central Michigan College any and all information in their possession or under their control, relating to my pre-employment physical and/or drug screening. I hereby release from any and all liability every medical doctor, physician, health care provider and every other person, firm, office, corporation, association, organization or institution which complies with this authorization or any request made in this respect. I understand that this release will not be sent to my physician or to any other health care provider until a job offer has been made to me, which offer may or may not be contingent upon my medical/physical suitability for employment.

A photocopy of this signed authorization and waiver will be valid as an original.

Date: _____

Signature of Applicant : _____

Annual Campus Security Report

The annual Campus Security Report, which includes the number of criminal offenses and campus arrests, is available at www.ncmich.edu. Go to Student Services, Student Policies, then, Student Handbook. To obtain a paper copy, contact the Dean of Student Services at 231-348-6605.