

380 Lone Pine Road P.O. Box 801 Bloomfield Hills, Michigan 48303-0801 Phone: (248) 645-3161 • Fax (248) 645-3014

EMPLOYEE APPLICATION FORM



Applicant's Name Date

Cranbrook Educational Community is an equal opportunity employer and strives to provide a work environment that welcomes diversity.

<u></u>		
ast Name:	First Name: Middle Name:	
any additional information	n relative to a different name necessary to check work or other records? Yes	No If yes, please explain:
elephone Number:	E-mail Address:	
resent Address (include city	y, state, and zip code):	Length of time at this address:
evious address if less than	n one (1) year at above address:	
osition applied for:	When can you start:	Salary desired:
ow did you hear about the	e position?	
ave you previously applied	d for employment with Cranbrook? Yes No If so, when?	
re you 18 years of age or	older? Yes No	
driving is required for the	position for which you are applying, please state drivers' license number:	State of issuance:
ave you ever been convict	ed of a crime (A felony or misdemeanor; including, but not limited to, operating a	motor vehicle under the influence or while impaired)
es No If so, w	rhen, where and nature of offense:	
	es pending against you? Yes No If so, please explain:	
	"unprofessional conduct," which is defined to mean one or more acts of misconductiving a minor; or commission of a crime involving a minor? Yes No location in the commission of a crime involving a minor?	ex; one or more acts orimmorality, moral turpitude, or if so, please explain:
ravity of the offense; the time	f criminal convictions will not exclude applicants from further consideration. Cranbrook shat that has passed since conviction; and the nature of the job for which an individual is apply in disqualification from employment with Cranbrook, or in dismissal from employment if an of	ring when considering candidates for hire. However, failure
ackground checks include fir oncerns raised during this pro	satisfactory completion of background checks and references. In accordance with langerprinting and the information provided on your employment application (criminal histopoess could be cause for disqualification from employment. Offers of employment are also attained in the Form I-9, as required by the Immigration Reform and Control Act of 1986.	ory, education, unprofessional conduct) will be verified. A
ave you ever been dismiss	sed from or asked to resign from any employment position? Yes No If	yes, explain:
PERSONAL REFEREN	ICES	
(Not Former Employers		
	Name and Occupation	
	Address (Street)	Work Phone #
	Address (City, State, Zip)	Home Phone #
	Name and Occupation	
	Address (Street)	Work Phone #
	Address (City, State, Zip)	Home Phone #
	Name and Occupation	

Home Phone #

Address (City, State, Zip)

Name, City & State of Educational Instruction	Gr	aduat	ed						
High School:		Yes		xtracurricula	ar Activities:				
		No		\#:	Ada.				
GED Received:		Yes No		Offices, Honors, Awards:					
Name, City & State of Educational Instruction		Graduated		If No Degree, Credits Earned		Type of Degree Received-Expected	Maj <u>or/Sem.Hou</u> rs Minor/Sem.Hours	Overal Grade Point	
college or University:	-	Yes	I						
		No Yes	_						
	-	No Yes							
		No	I						
MILITARY SERVICE RECORD									
ere you in the U.S. Armed Forces? Yes	No	If	yes, wha	at branch?)				
ank at Discharge:									
st Duties in the Services, including Special Tra	raining:								
PAST AND PRESENT EMPLOYMENT (List below your present and past employment)		inning	with yo	our most re	ecent employ	rer.)			
Name and Address of Employer and Type of Business		From Mo. Yr.		Mo.	Го Yr.	Last Salary	Name of Supervisor		
ame:						,	· ·		
ddress:									
rpe of Business:	De	Describe the work you did:							
lephone:	Re	ason f	for Leav	ing:					
Name and Address of Employer and Type of Business		From Mo. Yr.		To Mo. Yr.		Last Salary	Name of Supervisor		
ame:							•		
dd ress:									
rpe of Business:	De	Describe the work you did:							
lephone:	Re	Reason for Leaving:							
Name and Address of Employer and Type of Business		Fro Mo.	m Yr.	Mo.	o Yr.	Last Salary	Name of Supervisor		
ame:				illo:			o. capo		
ddress:									
/pe of Business:	De	scribe	the wo	rk you did	l:				
elephone:	Re	Reason for Leaving:							
	Femployer From Mo. Y		m Yr.	To : Mo. Yr. Last Salary		Last Salar v	Name of Supervisor		
Name and Address of Employer							o. capo. noo.		
Name and Address of Employer and Type of Business									
Name and Address of Employer and Type of Business ame: ddress:									
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ame:			the wo		l:				



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PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this App lication of Employment, in my resume and in the other materials I have submitted are true and complete. I understand that any false, misleading or incomplete information will result in disqualification from employment with Cranbrook ("the Employer"), or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience.

I hereby authorize my current and former employers to disclose to the Employer all requested information, including but not limited to, any information concerning any unprofessional conduct by me, and to make available to the Employer copies of all documents maintained in my personnel record, including but not limited to, documents relating to any unprofessional conduct by me.

I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing in good faith, or using, information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, I agree and understand that, subject to any collective bargaining agreement applicable to me, my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will, and no representative of the Employer, other than the President or his/her designee, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President or his/her designee.

Subject to any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than one (1) year after the occurrence of the facts giving rise to the claim, or more than one (1) year after the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than one (1) year, I agree that the shorter statute of limitations shall apply.

I hereby consent to having a physical examination and/or test(s) conducted by a physician or other professional of the Employer's choice, including but not limited to drug and/or alcohol testing, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations, as amended from time to time, of the Employer.

Signature	Print Name	Date