

West Michigan Sports Commission APPLICATION FOR EMPLOYMENT

West Michigan Sports Commission
300 Ottawa Avenue, NW, Suite 240
Grand Rapids, MI 49503
(616) 608-1850
www.westmichigansportscommission.com

PERSONAL INFORMATION

Social Security No. _____
(A social security number is **required** for our application processing information system).

Date: _____

Name: _____
LAST (MAIDEN NAME) FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Telephone: (_____) _____ Work Number (_____) _____ Call in confidence

E-Mail Address: _____

Are you 18 years of age or older? Yes No Are you authorized to work in the United States? Yes No

Have you served in the U.S. Armed Forces? Yes No If yes, Rank _____ Branch _____

If the job you are applying for requires driving a vehicle, do you possess a valid Michigan driver's license? Yes No

If yes, indicate Driver's License Number: _____

Is your license currently or has it ever been revoked, suspended or restricted? Yes No

Please explain _____

Have you ever been convicted of a crime? Yes No

If yes, state when, where, and nature of the offense: _____

EMPLOYMENT DESIRED

This application for employment will only be

Job(s) currently applying for: 1. _____ Dept. _____
2. _____ Dept. _____
3. _____ Dept. _____

Are you available to work weekends when required by the position you have applied for? Yes No

Specify days and hours that you would **NOT** be available to work: _____

Emergency Contact Name and Phone Number: _____

EDUCATION

NAME OF HIGH SCHOOL, COLLEGE, TRADE, OR TECHNICAL SCHOOLS	CITY AND STATE	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED/CERTIFICATIONS
High School:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> G.E.D.	
College, Trade, or Tech:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
College, Trade, or Tech:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
College, Trade, or Tech:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Please list any skills, abilities, hobbies, training, etc. that you feel may be an asset. (Example: business machines, volunteer work, additional languages, data processing, clerical, etc.) _____

Please list any license, registration, certificate, etc. which is related to the job you are applying for. _____

Have you ever had a license, registration, certificate, etc. related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason? Yes No If yes, please explain. _____

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. **Answer each question completely and accurately. "See Resume" is not acceptable.**

Name and Address of Employer	Employment Dates From: / /	Pay Rate To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	Job Responsibilities:
Position Held/Job Title <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	_____
Supervisor's Name & Title	Work Telephone ()	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Address of Employer	Employment Dates From: / /	Pay Rate To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	Job Responsibilities:
Position Held/Job Title <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	_____
Supervisor's Name & Title	Work Telephone ()	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name and Address of Employer	Employment Dates From: / /	Pay Rate To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	Job Responsibilities:
Position Held/Job Title <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	_____
Supervisor's Name & Title	Work Telephone ()	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

PROFESSIONAL REFERENCES

List below the names of three persons who have direct knowledge of your skills, experience and fitness for the position of field for which you are applying.

Full Name	Business or Home Address	Occupation	Telephone Number

CERTIFICATION

I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied. I also understand that all information in this application may be checked and I hereby authorize any schools which I have attended, current and previous employers and organizations named in this application to provide the West Michigan Sports Commission with any information that may be requested to make an employment decision. I further authorize the West Michigan Sports Commission to conduct any other investigations of the information contained herein. I hereby specifically waive written notice from any and all former employers regarding their disclosure to the West Michigan Sports Commission of any information, including disciplinary action. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I specifically authorize the Kent County Sheriff Department or other law enforcement agencies to release any records of prior criminal convictions it may have or may obtain from other sources to the West Michigan Sports Commission.

If hired, I promise to notify my immediate supervisor in writing promptly, if any license, registration, certificate, or any other credential required for any job in which I become employed lapses, is suspended, revoked, or placed on probation for any reason. I recognize and agree that failure to provide such notice may result in immediate dismissal.

Furthermore, except with respect to potential grievances under any applicable collective bargaining agreement, I agree that any action or suit against the West Michigan Sports Commission 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 claim(s) or be forever barred. I waive any limitations to the contrary.

I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer.

I have read, or have had read to me, and understand the above statement. I hereby certify that all information contained in this application is true, complete and accurate. **APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Thank you for considering the West Michigan Sports Commission as a potential employer.

Applicant Signature: _____ Date: _____