

**Kent Regional 4C
Application for Employment
233 East Fulton Suite 107
Grand Rapids, MI 49503-3262
(616) 451-8281 1-800-448-6995
www.4Cchildcare.org**

Kent Regional Community Coordinated Child Care (Kent Regional 4C) affirms its commitment to provide equal employment opportunity as described by federal and state laws and the Affirmative Action Program of the agency. Kent Regional 4C will not discriminate against any person because of race, creed or religion, color, national origin, sex, age, marital status, height, weight, sexual orientation, political affiliation, veteran status, or handicap.

Kent Regional 4C affirms that it will accomplish Equal Opportunity objectives through the implementation of a written Affirmative Action Program which will insure that minority persons, men, women and persons with special disabilities will be recruited, employed, and promoted for staff positions at every level of employment.

EMPLOYMENT DESIRED

Position: _____ Date you can start _____ Salary: _____

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Phone Number: _____ Referred by: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

FORMER EMPLOYERS

List below your previous four employers, starting with your current or most recent job. Include military service assignments.

	Date month/year	Name and Address of employer	Salary	Position
1. From	_____	_____	_____	_____
To	_____	_____	_____	_____
Reason for leaving: _____				

2. From	_____	_____	_____	_____
To	_____	_____	_____	_____
Reason for leaving: _____				

3. From	_____	_____	_____	_____
To	_____	_____	_____	_____
Reason for leaving: _____				

4. From	_____	_____	_____	_____
To	_____	_____	_____	_____
Reason for leaving: _____				

WORK REFERENCES

List below the names of four people not related to you with whom you have **worked** at least one year.

Name	Address, City, State, Zip	Telephone	Years Known	Relationship

QUESTIONS

(Please Circle)

Have you filed an application here before?
If yes, give date: _____

Yes No

Have you ever been convicted of a felony or are there any felony charges pending against you?
If yes, please explain:

Yes No

Do you speak or write fluently in any language other than English?
If yes, please explain:

Yes No

Would you be available to work occasional evenings and weekends?

Yes No

Do you have access to reliable transportation?

Yes No

EDUCATION

Name and Location
of School

Last Year
completed
(please circle)

Did you
Graduate?
(please circle)

Degree or Subject

High School _____ 1 2 3 4	Yes	No	_____

College _____ 1 2 3 4	Yes	No	_____

Trade, Business or Correspondence School _____	1 2 3 4	Yes	No	_____

Graduate School	1 2 3 4	Yes	No	_____

SPECIAL SKILLS AND QUALIFICATIONS

Please summarize here any special skills or qualifications you have acquired from previous employment or other experiences.

ADDITIONAL COMMENTS

Please state here any additional information you feel may be helpful to us in considering your application.

Kent Regional 4C relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

I certify that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and I release from all liability or responsibility all persons and corporations requesting or supplying such information.

I understand that my employment relationship with **Kent Regional 4C** may be terminated by either of us, at will, with or without cause and with or without notice, at the option of either **Kent Regional 4C** or me.

I understand that **Kent Regional 4C** supports employment of qualified individuals with disabilities. If any employee believes that accommodation of a disability is necessary to perform the duties of a position, Michigan law requires the employee to notify us of this in writing within 182 days after the employee knew or reasonably should have known of the need for accommodation.

I further understand and agree that no Supervising Director or other **Kent Regional 4C** representative other than the Executive Director has the authority to enter into any agreement for employment for any specified period of time. I understand that to be binding, such an agreement must be in writing and signed by the Executive Director and me.

I understand that any lawsuit or claim against Kent Regional 4C arising out of employment or termination of employment must be brought within 180 days of the event(s) giving rise to the claim.

I understand that I will be required to sign a Criminal History and Driving Record Release form upon request if consistent with the position. In addition, I understand that I will be required to present a copy of my college transcripts if consistent with the position. Management will update employees' background information from time to time.

You will be subject to Kent Regional 4C's other employment policies and terms and conditions of employment and asked to sign an Employee Handbook Acknowledgement Form.

Date	Signature of Applicant