



South Haven Area Emergency Services Authority

90 Blue Star Hwy • South Haven, MI 49090-1499
Telephone (269) 637-1813 • Fax (269) 637-9346

APPLICATION FOR EMPLOYMENT

South Haven Area Emergency Services Authority (SHAES) is an Equal Opportunity Employer

Please Print or Type

Today's Date: _____

Position applying for: _____

Type of employment: Full-Time Paid-on-Call Cadet Seasonal

PERSONAL INFORMATION

1. Name: _____ 2. Social Security No: _____
Last First Middle Initial

3. Would any of your past employers, education institutions, or references listed on this application know you by any other name than the one listed above? Yes No

4. If yes, please list that/those name(s): _____

5. Present Address: _____
St. No./Box No. Street/Rural Route City State Zip

6. Telephone Number: _____ 7. Email address: _____

8. Are you over 18 years of age? Yes No

9. Do you have a valid driver's license? Yes No 10. If yes, list number: _____

11. Type of license: Operator's License Commercial Driver's License

12. Have you ever been employed by SHAES? Yes No

If Yes, please give dates and position: _____

13. Can you perform all of the essential job functions of the position(s) for which you are applying, with or without reasonable accommodations for a protected disability or religious practice? Yes No

14. Do you have any relatives employed by SHAES: Yes No

If Yes, names and relationship of relative(s): _____

15. Are you legally authorized to work in the U.S.? Yes No

16. Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No

If yes, describe in full: _____

A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will all be taken into account.

PROFESSIONAL REFERENCES

Give the names of three professional references, not related to you, whom you have known at least three (3) years.

Name	Address	Telephone	Occupation	Years acquainted

RECORD OF EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No If yes, please describe:

MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.? Yes No

If so, what branch of Service? _____ What was your rank? _____

Dates of Service: from _____ to _____

Does your military experience have any relationship to the job for which you are applying? Yes No If yes, explain:

EMPLOYMENT HISTORY

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs worked/week
Address	Start date	Starting salary
City, State and Zip Code	End date	Ending salary
Phone number	Your last job title	Reason for leaving

List jobs held, duties performed, skills used or learned, advancements while you worked at this company

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs worked/week
Address	Start date	Starting salary
City, State and Zip Code	End date	Ending salary
Phone number	Your last job title	Reason for leaving

List jobs held, duties performed, skills used or learned, advancements while you worked at this company

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs worked/week
Address	Start date	Starting salary
City, State and Zip Code	End date	Ending salary
Phone number	Your last job title	Reason for leaving

List jobs held, duties performed, skills used or learned, advancements while you worked at this company

May we contact this employer? Yes No

APPLICANT STATEMENT
PLEASE READ CAREFULLY

I affirm that the facts set forth above are true and complete to the best of my knowledge. False, incomplete or misrepresented statements provided by me may result in a refusal to hire, revocation of an offer of employment, or termination of employment once falsity of a statement becomes known. I understand that SHAES requires a background check (including, in part a criminal background check) and that hiring is contingent upon receipt of satisfactory results. I further understand that an offer of employment is contingent upon successfully passing a drug test and a medical examination.

I hereby authorize investigation of all information contained in this application as well as authorizing SHAES to conduct a pre-employment screening, including but not limited to, a criminal background screening, drug test, and medical examination. I also authorize full disclosure of my present and prior work records by an employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that it may include a record of disciplinary action assessed by the employer.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify SHAES in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

As a condition of my application for employment or employment (if employed) and to the extent permitted by law, I agree not to file any action or suit relating to my employment or application for employment with SHAES more than 180 calendar days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of including, but not limited to, employment termination and discrimination claims against SHAES or its agents, claims for wages, salary, or expenses, and to waive any statute of limitation to the contrary (except those requiring a shorter period). While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I agree and understand that any employer action that is the subject of a lawsuit is barred if it is not filed within the 180-day period (or in less time if any applicable law so requires). This provision does not prohibit the filing of a charge of discrimination under federal law within the time permitted by law, but unless filed within 180 days (or in less time if any applicable law requires), an individual waives the right to recover money damages or other relief. Filing a charge or claim with an administrative agency or internally with the employer does not toll the 180-calendar day period for filing a civil suit. No policy, written, or oral statement may modify this time limitations for filing a claim, unless it is a written agreement signed by the Executive Director and me.

I also understand and agree that my employment will be subject to employment policies in existence at SHAES and any policies adopted or amended by the SHAES Authority Board.

RESIDENCY REQUIREMENT: All full-time employees with jobs that require being on call or emergency response are required to establish a bona fide residence and their primary domicile within a twenty-mile radius of the SHAES service area within six months after completion of their probationary period and to maintain residency as a condition of continued employment.

I have read and understand and agree to the above statements and conditions of employment.

Signature of Applicant

It is the policy of SHAES not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability, or any other basis protected by federal, state, or other applicable law.