

Application For At-Will Employment

Turning Point, Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For:			_ Date of Application		
Date You Can Sta	rt:				
(Please note that this apply.)	application will only	remain active	for 3 months, after v	vhich the applicar	nt would need to re-
Name [.]			Social Se	ecurity #:	
Name:	First	Middle	. Goolal Go	Journey //	
Present Address:					
Present Address:_	Street	City		State	Zip
Permanent Addres					
Home Phone:	Street	City	Cell Phone:	State	Zip
Are you 18 years o	or older?	☐ Yes	□ No		
Are there any hou	rs or days of the	week you ca	annot work?	Yes □ No)
If so, when?		 			
Desired Salary:	1	Type of Emp	loyment		Full Time Part Time
Are you employed	now?	May w	e contact your p	resent employ	er?
Did you ever apply	/ to this company	/ before?		Where?	
Under what name	?			When? _	

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Education							
Circle Highest Grade Completed:		High School		9	10	11	12
-		College, Trade	e or Business	1	2	3	4
		Graduate Stud					
School	Name &	Address	Major Stud	lies	1	_	Diploma,
					Licer	ise or (Certificate
High School							
College/University							
Vocational, Business, Other							
List any Professional Design	ations						
Other Special Knowledge, S	kills or Qualificatio	ons					
Do you type? ☐ Yes ☐ No							
Computer Skills (Hardware/Software)							
Do you have US Military experience? Date Entered							
Branch: Rank: Date Discharged Honorably?					?		
Are you lawfully entitled to be employed in the United States?							
Have you ever been convicted of a crime except a minor traffic violation? \square Yes \square No							
Do you have any criminal charges pending against you? ☐ Yes ☐ No							
You will need to sign authorization for a criminal background and central registry check as a condition of your employment. A motor vehicle history may also be required when applying for positions where transportation of clients/residents is necessary.							
Do you have a familial relationship with any Turning Point/Second Hand Rose staff, board member, volunteer, intern or contract worker? ☐ Yes ☐ No. If yes, please provide the following:							
Name:Relationship to you:							

Employment History

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary
/ /			
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
/ /			
Job Title		Reason for Leaving	
Duties & Despensibilities			
Duties & Responsibilities			
Employed From	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
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Job Title Duties & Responsibilities	Employer Address	·	
Job Title	, ,	Reason for Leaving	Ending Salary Starting Salary
Job Title Duties & Responsibilities	Employer Address	Reason for Leaving	
/ / Job Title Duties & Responsibilities Employed From / /	Employer Address Employer Name	Reason for Leaving Supervisor Name Supervisor Phone #	Starting Salary
/ / Job Title Duties & Responsibilities Employed From / /	Employer Address Employer Name	Reason for Leaving Supervisor Name	Starting Salary
Job Title Duties & Responsibilities Employed From / / Employed Until / / Job Title	Employer Address Employer Name	Reason for Leaving Supervisor Name Supervisor Phone #	Starting Salary
Job Title Duties & Responsibilities Employed From / / Employed Until / /	Employer Address Employer Name	Reason for Leaving Supervisor Name Supervisor Phone #	Starting Salary
Job Title Duties & Responsibilities Employed From / / Employed Until / / Job Title	Employer Address Employer Name	Reason for Leaving Supervisor Name Supervisor Phone #	Starting Salary
Job Title Duties & Responsibilities Employed From / / Employed Until / / Job Title	Employer Address Employer Name	Reason for Leaving Supervisor Name Supervisor Phone #	Starting Salary

General						
May we contact the em	ployers you have listed?	☐ Yes ☐ No				
If not, which one(s)?						
must be previous emp		eferences that we may co ou may include an individo o you.				
Name	Address and Telephone	Relationship	Years Acquainted			
Certification 8	Authorization					
Please read the following	ng statement carefully be	efore signing to indicate y	our understanding:			
examination. In the ever so inform Turning Point accommodation can be	ent that I have a disability , Inc. prior to the adminis	y that will affect my ability stration of the test so that nc. reserves the right to r	t a reasonable			
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may result in termination.						
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.						
I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.						
Date	<u> </u>	Signature				
* Employers specifically	excepted:					