

DISABILITY ACCOMMODATION REQUEST: Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed.

This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YO ARE APPLYING.

Can you perform the essential functions and meet the attendance requirements of the job you are applying for either with or without a reasonable accommodation? Yes No

II. EDUCATION & TRAINING

	Name and City/State of School	Course/Field of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you have that are relevant to the position you are applying for (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status).

Other Qualifications – summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application

III. EMPLOYMENT HISTORY (beginning with your most recent employment, please give the following information)

(1) Name and Address of Employer	Position/Job Title	Dates Employed (month/year)
_____	_____	From: _____
_____	_____	To: _____
_____	Hourly or Annual Rate of Pay	
Phone Number: _____	Starting: _____	Were you fired or otherwise involuntarily terminated?
Supervisor: _____	Ending: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reason for leaving, if not still employed: _____		
If still employed, can we contact this employer for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Duties: _____		
(2) Name and Address of Employer	Position/Job Title	Dates Employed (month/year)
_____	_____	From: _____
_____	_____	To: _____
_____	Hourly or Annual Rate of Pay	
Phone Number: _____	Starting: _____	Were you fired or otherwise involuntarily terminated?
Supervisor: _____	Ending: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reason for leaving: _____		
Duties: _____		
(3) Name and Address of Employer	Position/Job Title	Dates Employed (month/year)
_____	_____	From: _____
_____	_____	To: _____
_____	Hourly or Annual Rate of Pay	
Phone Number: _____	Starting: _____	Were you fired or otherwise involuntarily terminated?
Supervisor: _____	Ending: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reason for leaving: _____		
Duties: _____		
(4) Name and Address of Employer	Position/Job Title	Dates Employed (month/year)
_____	_____	From: _____
_____	_____	To: _____
_____	Hourly or Annual Rate of Pay	
Phone Number: _____	Starting: _____	Were you fired or otherwise involuntarily terminated?
Supervisor: _____	Ending: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reason for leaving: _____		
Duties: _____		

IV. PROFESSIONAL REFERENCES *If you need additional space, please continue on a separate sheet of paper.* (Please provide the names of three professional references that are not related to you):

Name	How does this individual know you?	Contact Email or Phone Number	Years Acquainted

V. CERTIFICATION AND ACKNOWLEDGEMENT – Please read the following before signing

- Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if Teaching Family Homes (hereinafter referred to as TFH), at any time, should determine that any requested information was withheld by me or any statements are false or misleading, I may be discharged.
- Limitation on Claims:** I agree that any lawsuit against TFH, and/or its agents or employees, 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 the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues the Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
- Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986 (IRCA). This employer must verify the identity and employment eligibility of anyone who is hired, which includes completing and retaining the Employment Eligibility Verification Form (I-9).
- Employment Related Documentation:** I agree to sign employment-related documents presented to me, including, but not limited to, the TFH Employee Handbook, the Agency’s Code of Ethics, and the Rules of Conduct. If I refuse to do so, I understand that my employment will be terminated.
- Physical Exam:** Should I be conditionally offered employment in a position with TFH, I do hereby acknowledge that I may be required to undergo a physical examination as a precondition and prerequisite to my employment with TFH, and I do hereby authorize and consent to do so as required. Further, I do hereby acknowledge, authorize, and consent to the release of test results and other medical information obtained by the physical examination to the officials, administrative authorities, and agents of TFH for review and inspection which will be considered and may govern the final decision and determination of whether I will be employed or not.
- Drug and Alcohol Testing:** I understand that TFH prohibits possession or use of controlled substances in the workplace and that any offer of employment may involve successful completion of a drug screening. I consent to such a test and authorize the release of test results to TFH. If I fail to successfully complete the required drug screening, I understand that I will not be employed or that my employment will be immediately terminated if employment has commenced on a contingent basis. I understand and acknowledge that as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination which may include tests for communicable diseases, drugs and/or alcohol.
- Acknowledgement of At-Will Employment:** This application is not an employment contract. Except where a collective bargaining agreement is in place, **Teaching Family Homes is an AT-WILL EMPLOYER.** If I am employed by TFH, my employment with TFH is not for any fixed term and may be ended by me or TFH at any time, without notice or cause, and for any reason not prohibited by law.
- Consideration for Employment:** I agree to the above terms of employment if I am employed by TFH. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of TFH, and that no person in TFH, other than the Executive Director, has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of TFH are subject to exception or change at any time as decided by TFH in its sole discretion. I also understand and agree that if the position I am being offered, or any position offered to me in the future, requires any form of trial period, that period does not imply any form of contract of employment, either during the period or after. Completion of the trial period does not entitle me to remain employed by the agency for any definite period of time. Both I and the agency are free, *at any time*, with or without notice and with or without cause or reason, to end the employment relationship.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this Certification and Acknowledgement, and I have knowingly and voluntarily signed below.

Signature: _____ Date: _____

TFH Application for Employment
Created: November 2014 (JF)

All other versions obsolete