



UMHS Child Care Center
 2601 Glazier Way
 Ann Arbor, MI 48105
 (734) 998• 6195

Today's Date: _____
 Name _____ Maiden Name (if applicable) _____
 Address _____
 City/Zip _____
 Home Phone (____) _____
 Cell Phone (____) _____
 E-mail Address _____
 Driver's License # _____ State of _____

1. Are you at least 18 years old? Yes No
2. Are you looking for (circle): Full time employment Part time employment Temporary positions
3. On what date are you available to work? _____
4. If needed, can you provide a work Visa or proof of immigration status? Yes No N/A
5. Can you perform the duties of the job in which you wish to be employed, with or without accommodation?
 Yes No
6. Have you ever been employed by this organization before? Yes No
 A.) If yes, when?: _____
6. If you are currently employed, may we contact your current employer? Yes No
7. Do you have any contagious or communicable diseases which may endanger others while working?
 Yes No
8. Have you ever been convicted of a crime? Yes No
 If yes, please explain: _____
9. Are there any felony charges pending against you? Yes No
 If yes, please explain: _____
10. Has a local, state, or federal government ever determined that you committed abuse or neglect?
 Yes No
 If yes, please state when, where, and nature of the case: _____

University of Michigan Nondiscrimination Statement:

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388. For other University of Michigan information call 734-764-1817.

EDUCATIONAL HISTORY

Please include any and all information regarding education. Begin with most recent attendance.

School/University _____

Degree achieved _____

Dates attended _____

Major/minor or concentration _____

School/University _____

Degree achieved _____

Dates attended _____

Major/minor or concentration _____

School/University _____

Degree achieved _____

Dates attended _____

Major/minor or concentration _____

REFERENCES

Below, please list references. Do not include family members or the employers listed on page 2.

1. Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____
Length of time this person has known you _____

2. Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____
Length of time this person has known you _____

3. Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____
Length of time this person has known you _____

4. Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____
Length of time this person has known you _____

5. Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____
Length of time this person has known you _____

Wage/salary expectations for the position you are applying: \$ _____

The Child Care Center is open Mondays through Fridays, 6:30 a.m. to 6:30 p.m.

WHAT TIMES ARE YOU AVAILABLE TO WORK EACH DAY?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

**Remember to allow yourself transportation time.*

(Example: your class ends at 1:00, you will be available to work at 1:30 p.m.)

IMPORTANT - READ CAREFULLY

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my prior and present work, educational, criminal or administrative record. I grant permission to the Employer to obtain information concerning my character, general reputation, conduct and work quality. I authorize any person or organization that is contacted to furnish information and opinions concerning my qualifications for employment, a matter of record or not, including personal evaluation of my reliability, honesty, work habits, disciplinary actions and ability to take direction from my superiors, and I hereby release any such person or organization from any liability that may result from providing such information or opinion. I hereby release the Employer and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure. Because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of Department of Social Services, Department of Mental Health and Community Mental Health agencies. I further understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate withdrawal of a prior offer of employment or dismissal if I have already been employed.

SIGNATURE _____

DATE _____