



EMPLOYMENT APPLICATION

Older Persons' Commission

650 Letica Drive | Rochester, MI 48307
Phone: 248.656.1403 | Fax: 248.656.3153

Position applying for: _____

Date of Application: _____

Applicant Information

FULL NAME: _____
Last First M.I.

ADDRESS: _____
Street Address Apt./Unit #

City State ZIP Code

PHONE: _____ EMAIL: _____
 Cell Home

Check days available to work: Mon Tues Wed Thurs Fri. Sat. Days Evenings

Have you ever worked for the OPC? YES NO If yes, date & position. _____

Do you have a relative who works for OPC? YES NO If yes, name & relation. _____

Are you over 18? YES NO If no, date of birth. _____ Can you provide proof of eligibility to work? YES NO

Are you legally authorized to work in the United States? YES NO

Have you ever been convicted of a felony or have felony charges pending against you? YES NO

If yes, explain: _____

Education

HIGH SCHOOL: _____ Location: _____

Years completed: _____ Did you graduate? YES NO

COLLEGE: _____ Location: _____

Years completed: _____ Did you graduate? YES NO Field of Study: _____

OTHER: _____ Location: _____

Years completed: _____ Did you graduate? YES NO Field of Study: _____

Skills | Certification

COMPUTER SKILLS: Microsoft Office Adobe Suite Social Media Other: _____

OTHER CERTIFICATION: Chauffeur's License YES NO Current CPR/AED YES NO Lifeguard Certification YES NO

ADDL. TRAINING: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Status: Current Past
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Status: Current Past
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Professional References

Please list three professional references.

Full Name: _____ Phone: _____
Association? _____ Email: _____
Full Name: _____ Phone: _____
Association? _____ Email: _____
Full Name: _____ Phone: _____
Association? _____ Email: _____

Disclaimer and Signature

I certify that all information submitted by me regarding employment, is complete and correct to the best of my knowledge, and understand that if any such information is found to be false or misleading, or misrepresented in an interview, may result in my disqualification or termination of employment with OPC.

Information provided on this application is subject to verification. I understand that my employment with OPC is pending a satisfactory criminal background check. I authorize OPC to perform a criminal background check and release OPC from damages due to furnishing such information.

Submitting this application does not automatically qualify me for an interview or employment.

Signature: _____ Date: _____

OPC offers equal employment opportunities to all persons without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.