

PENRICKTON CENTER FOR BLIND CHILDREN

26530 Eureka Road / Taylor / MI / 48180 / (734) 946-7500 / www.penrickton.com

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire)

A person with a disability or handicap requiring accommodation for completing the application process should contact Patricia Obrzut, Assistant Director, as soon as possible.

Date _____

Name _____ *Email _____

Address _____ City _____ Zip _____

Telephone # _____ Are you 18 years or older? _____yes _____no

Position desired? _____ Date available _____

Referred by? _____ Salary desired? _____

Are you employed? _____yes-full time _____yes-part time _____no

Have you applied to this company before? _____no _____yes

Have you ever been convicted of a felony? _____no _____yes (explain) _____

As an adult, have you resided outside of the State of Michigan in the last ten years?

_____no _____yes If yes, list below all states of which you have been a resident.

Did you graduate from High School? _____no _____yes _____Equivalent

An essential function for employment is the ability to lift fifty (50) pounds on a repetitive basis. Are you able to perform this task?

_____without accommodation _____with accommodation.

If with accommodation how would you perform this task, and with what accommodation?

Explain: _____

EDUCATION	School Name	Area of Study
HIGH SCHOOL		
COLLEGE		
OTHER		

WORK HISTORY – List last four employers beginning with the most recent

DATES From/To Include MO/YR	NAME & ADDRESSES OF EMPLOYERS	POSITION	SALARY	REASON FOR LEAVING

BUSINESS REFERENCES – List below three individuals for whom you have worked, that are not related to you and whom you have know one year or more.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS

Penrickton Center for Blind Children is an Equal Opportunity Employer. It is the policy of Penrickton Center for Blind Children to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is know.

I certify that the facts contained in this application are true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process will be reason for (1) my not being offered employment and (2) dismissal at any time from the service of Penrickton Center for Blind Children if employed.

I authorize investigation of all statements contained herein. I authorize the above listed references to provide all information concerning my previous employment and release all parties from liability for any resultant damage.

I understand and agree that, if hired, my employment is on an “at will” basis. My employment is for no definite period and may be terminated at any time without prior notice. I also understand and agree that Penrickton Center for Blind Children has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited to the law. This provision supersedes any oral or written representations to the contrary, unless the Executive Director signs the written statement.

DATE _____ **SIGNATURE** _____

*If available, applicants will be notified by email of receipt and status of application.