



1200 Wright St. Ste. A
Marquette, MI 49855-4744
Voice/TTY: 906.228.5744
FAX: 906.228.5573
Toll Free: 1.800.379.7245
www.upsail.org

SAIL, Disability Network of the U.P.

APPLICATION FOR EMPLOYMENT

This Agency is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, sexual orientation, gender identity, gender transition, height, weight, health, age, political belief, creed, national origin, marital status, union activity, or disability as required by applicable federal state and local law.

Position applying for: _____ Date of application: _____

Date you can start: _____ Please note this application will only remain active for three months, after which applicant will need to re-apply.

Name: _____

First

Middle Initial

Last

Present Address: _____

Street

City

State

Zip

Permanent Address: _____

Street

City

State

Zip

Email: _____

Telephone number: Home/Cell() _____ Work() _____

Are there any hours of the day that you cannot work? _____ If so, when? _____

Are you employed now? _____ May we contact your present employer? _____

Have you applied to this Agency before? _____ When? _____

EDUCATION:

	Name/Address of School	Number of Years Attended	Did you Graduate?	Subject/Major
High School				
College(s)				
Specialized Training				

Are you lawfully entitled to be employed in the United States? _____

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? _____

NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

If yes, please explain: _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Please list professional references that have known you for at least one year.

Name	Address and Telephone	Relationship	Years Known

EMPLOYMENT HISTORY: (Current or most recent job first)

Dates of Employment Month/Year	Name/ Address/ Telephone # of Employer	Salary: Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the employers listed? Yes _____ No _____

If not, which one(s) may we contact? _____

Please read the following statement carefully before signing to indicate your understanding.

I certify the facts contained in this application are true and complete to the best of my knowledge and understand, if employed, falsified statements on this application may result in termination.

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 you.

I understand that if hired, all new employees are subject to an introductory period of work. The introductory period is intended to give the employee the opportunity to demonstrate a satisfactory level of performance and to determine whether the new position meets his or her expectations. SAIL uses the introductory period to evaluate employee capabilities, work habits, and overall performance. All employees are subject to the policies of the SAIL Employee Handbook.

SAIL is an at-will employer. This means that the employment relationship is for an indefinite period of time and can be terminated at any time, with or without cause and with or without notice, but the employee or by SAIL.

I have reviewed, understand, and agree to the above.

Signature: _____ Date: _____

*Employer(s) specifically excepted: _____

****AN EQUAL OPPORTUNITY EMPLOYER****