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SAIL, Disability Network of the U.P.

APPLICATION FOR EMPLOYMENT

If you need additional assistance in filling out this application or in need of a large print application, please call, 906-228-5744.

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.

PLEASE PRINT CLEARLY

PERSONAL INFORMATION:

1. Date of application: _____
2. Name: _____
First Middle Initial Last
3. Present Address: _____
Street City State Zip
4. Permanent Address: _____
Street City State Zip
5. Email: _____
6. Phone: Home/Cell () _____ Work () _____
7. Position applying for: _____
8. Date you can start: _____ (Please note this application will only remain active for three months, after which applicant will need to re-apply.)
9. Are you employed now? ☐ Yes ☐ No
10. May we contact your present employer? ☐ Yes ☐ No
11. Have you applied to this agency before? ☐ Yes ☐ No If yes, when? _____

Positions at SAIL may require the use of personal transportation for business related travel and may require overnight stays.

12. Do you have a valid driver's license? ☐ Yes ☐ No

13. Do you have reliable transportation? ☐ Yes ☐ No
14. Are you lawfully entitled to be employed in the United States? ☐ Yes ☐ No
15. Have you been convicted of a criminal offense (misdemeanor or felony)? ☐ Yes ☐ No
If yes, please explain: _____

**Please note that 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.

16. 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. _____

EDUCATION:

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

REFERENCES: Please list three references other than relatives or previous employers.

| 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 | Rate of Pay: | Last Position Held/Responsibilities | Reason for Leaving |
|-----------------------------------|--|--------------|--|-----------------------|
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |

May we contact the employers listed? ☐ Yes ☐ No

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

APPLICANT STATEMENT:

Please read the following statements carefully. You must date and sign this applicant statement to be considered for employment.

Affirmation: 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.

Authorization: I authorize the agency to investigate all statements contained in this application, to contact any previous employers, to contact educational institutions I attended, and to discuss my employment/education history with them. I release the listed references and all employers, except those specifically listed, 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. *Employer(s) specifically listed: _____

Accommodations: I understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the agency to attempt to make a reasonable accommodation for it.

Introductory Period: I understand that if hired, all new employees are subject to an introductory period of work, typically 90 days after hire date. 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.

At-Will Employment: I understand that all employees of the agency are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the agency or me at any time, with or without cause, and with or without prior notice, warning or discipline.

Background Check/Criminal History: I understand that the agency may request a background check pertaining to me. The agency may enter into contracts that require background checks of each new employee who works directly with clients or has access to client information. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

I have carefully read the foregoing applicant statement. I understand each paragraph of the applicant statement. I agree to each provision set forth in the applicant statement.

Applicant Signature: _____ Date: _____

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