



EMPLOYMENT APPLICATION
An Equal Opportunity Employer

1401 W. Easterday Ave. *Sault Ste Marie * MI 49783

To the Applicant: It is the policy of Northern Transitions to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, veteran status, 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 known.

PERSONAL INFORMATION

DATE: _____

Name (first, middle, last)

Present Address (street, city, state, zip code)

Telephone Number:

Have you been previously employed here? Yes No If yes, date(s) _____

Are you 18 years or older Yes No Work Permit No. _____ (if under 18)

List any friends or relatives working here _____

Have you been convicted of a felony within the last seven (7) years, which has not been annulled, expunged or sealed by the court? (A "Yes" answer will not automatically disqualify you.) Yes No

If yes, please explain conviction: when, where, and disposition _____

Have you ever been convicted of any crime? Yes No

If so, where, when and nature of offense _____

Do you have a valid driver's license Yes No License No: _____ State _____

Are you a U.S. citizen? Yes No Are you authorized to work in U.S.? Yes No

What method of transportation will you use to come to work? _____

Name, address and telephone number of the person to be notified in the event of accident or emergency: _____

EMPLOYMENT DESIRED:

_____ Full-Time Part-time Other
Position(s) applied for

How did you find out about this job? Newspaper, Internet, Friend, NTI employee, walk-in

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired: _____ Date available for work: _____

Have you submitted an application to Northern Transitions before? Yes No

If yes, when: _____ Under what name? _____

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

	NAME/LOCATION	YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
College				
Graduate				
Vocational Training				

Any other educational training: _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status, height, weight or age _____

MILITARY HISTORY :

Have you any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at discharge: _____ Date of discharge: _____

Are you in the reserves? Yes No If yes, date obligation ends: _____

Special/technical training: _____

EMPLOYMENT HISTORY:

List below, beginning with the most recent, all present and past employment

Company name	Company address	Phone number
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Position held/job title	Dates of employment
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Brief description of duties

Name and title of immediate supervisor

Reason for leaving	Final salary/hrly
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Company name	Company address	Phone number
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Position held/job title	Dates of employment
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Brief description of duties

Name and title of immediate supervisor

Reason for leaving	Final salary/hrly
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Company name	Company address	Phone number
--------------	-----------------	--------------

Position held/job title	Dates of employment
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Brief description of duties

Name and title of immediate supervisor

Reason for leaving	Final salary/hrly
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	NAME	ADDRESS	PHONE #	YEARS KNOWN
1				
2				
3				
4				

AUTHORIZATION AND UNDERSTANDING

I certify that all of the information furnished on this application is 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 or (2) dismissal at any time from the service of the Company if employed. I also understand that my employment is contingent on passing state and federal security clearance reviews.

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or Northern Transitions, Inc., with or without cause, and without any previous notice. I also understand and agree that Northern Transitions 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 by law. I acknowledge that no Northern Transitions employee nor representative, other than its Director, has either power or authority to enter into any agreement for employment for any specified period of time, or to make any representation or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Director of Northern Transitions. I understand that any prior representations, promises, contracts or statements made by or on behalf of Northern Transitions are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by NORTHERN TRANSITIONS, INC., you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the U.S. Documents that are acceptable include your driver's license, or state issued I.D. and your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

Date: _____ **Signature:** _____

FOR INTERVIEWER'S USE

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

REFERENCE CHECK:

1) _____

2) _____

3) _____

HIRED: YES STARTING DATE: _____ DEPT: _____

NO COMMENTS: _____

Voluntary Self-Identification Form for Applicants

Northern Transitions, Inc. is an Equal Opportunity Employer and as such we are subject to certain governmental recordkeeping and reporting requirements. At this time, we are asking you to help us meet our obligations by providing the following information. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment. All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

Sex Identification Female Male

Race/Ethnic Identification

Please review and respond to both questions. The categories listed below are the only options available for federal reporting purposes.

Do you consider yourself to be Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American descent, or other Spanish culture or origin, regardless of race).

Yes No

In addition to responding to the question above, select one or more of the following racial categories to describe yourself:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America, (including Central America) who maintains cultural identification through tribal affiliation of community attachment.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Applicant Name (Please Print)

Applicant Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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VOLUNTARY PRE-OFFER VETERANS SELF-IDENTIFICATION REQUEST

Northern Transitions, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A **"disabled veteran"** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation.

A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Signature

Date

5/27/2014 From <http://www.ecfr.gov> Sample Invitation to Self-Identify