

Application for Employment



Save the completed application to your computer and email to stevensc@northstarcooperative.com OR
 print and mail to: NorthStar Cooperative, Inc, ATTN: Human Resources, PO Box 23157, Lansing MI 48909

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department. NorthStar Cooperative, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.

Position(s) applied for _____ Date of Application ____ / ____ / ____

Referral Source: Advertisement Employee Relative Governmental Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Applicant Information					
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Last Name	First	Middle			
Address					Apt #
City	State			Zip	
Phone ()	If necessary, best time to call you at home is:				
May we contact you at work?					Yes No
If yes, work number: ()			Best time to call:		
If you are under 18 can you furnish a work permit?					Yes No
Have you filed an application here before?					Yes No
If yes, give date:					/ /
Have you ever been employed here before?					Yes No
If yes, give dates:		From	/ /	To	/ /
Are you legally eligible for employment in this country? <small>(Proof of U.S. Citizenship or immigration status will be required upon employment)</small>					Yes No
Date available for work:					/ /
Type of employment desired:	Full-Time	Part-Time	Temporary	Seasonal	Co-Op
Are you on layoff and subject to recall?					Yes No
Will you relocate if the job requires it?	Yes	No	Travel if the job requires it?		Yes No
Are you able to meet the attendance requirements of the position?					Yes No
Will you work overtime if required?					Yes No
Have you ever been bonded?					Yes No
Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?					Yes No
If yes, please explain in detail on a separate sheet of paper and include the date of final disposition of the case and the nature of the offense. This information does not automatically disqualify you from employment but false or misleading information will. Factors such as job relevance, age and time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.					

Employment History *(beginning with the most recent)*

#1 Employer:	Phone: ()			
Address:	Supervisor:			
Job Title:	Starting \$	Ending \$		
Reason for Leaving:	From:	To:		
Responsibilities:				
Did/do you have a non-compete or other employment agreement with this employer?			Yes	No
May we contact for reference?		Later	Yes	No

#2 Employer:	Phone: ()			
Address:	Supervisor:			
Job Title:	Starting \$	Ending \$		
Reason for Leaving:	From:	To:		
Responsibilities:				
Did/do you have a non-compete or other employment agreement with this employer?			Yes	No
May we contact for reference?		Later	Yes	No

#3 Employer:	Phone: ()			
Address:	Supervisor:			
Job Title:	Starting \$	Ending \$		
Reason for Leaving:	From:	To:		
Responsibilities:				
Did/do you have a non-compete or other employment agreement with this employer?			Yes	No
May we contact for reference?		Later	Yes	No

#4 Employer:	Phone: ()			
Address:	Supervisor:			
Job Title:	Starting \$	Ending \$		
Reason for Leaving:	From:	To:		
Responsibilities:				
Did/do you have a non-compete or other employment agreement with this employer?			Yes	No
May we contact for reference?		Later	Yes	No

Comments (including explanation of any gaps in employment):

Skills and Qualifications – Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to perform the job-related functions of the position for which you are applying.

Educational Background									
Name & Address of School		# of Years Completed	Degree/Diploma?			GPA	Major	Minor	
High School			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
College			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Technical School			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Other Training			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			

Language Skills – List any foreign language(s) you know and check the appropriate box that describes your skill level				
Language	Speak Some	Speak Fluently	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work-related References – List information of business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references not related to you.				
Name	Occupation	Relationship	Years Known	Phone or Contact Information
				()
				()
				()

Professional Organizations – List professional, trade, or business associations relevant to the position you've applied for including offices held. Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or any other protected status.	
Organization	Offices Held

Other accomplishments, publications, and awards – Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.

List any other information you would like us to consider that is relevant to this position:

NorthStar Cooperative, Inc. Statement:

NorthStar Cooperative, Inc. is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

It is also NorthStar Cooperative, Inc.'s policy not to refuse to hire a qualified individual with a disability because of a need for reasonable accommodation as required by the ADA.

This application is current and active for a period of 60 days. At the conclusion of this time, if you have not heard from NorthStar Cooperative Inc. and still wish to be considered for employment, it will be necessary to submit a new application.

Applicant's Statement:

(Please read this statement carefully before signing this application)

I understand that as an at-will employee, I am free to resign at any time just as NorthStar Cooperative reserves the right to terminate my employment at any time, with or without cause and without prior notice as is consistent with applicable state or federal law. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I authorize NorthStar Cooperative, Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release NorthStar Cooperative, Inc., and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I attest that I am not restricted by a signed contract or other agreement with former employers which include provisions that could preclude, prohibit or restrict the terms and conditions of my employment with NorthStar Cooperative, Inc. without having fully disclosed and provided a copy of said document to NorthStar Cooperative, Inc. prior to any offer of employment. I understand it is my responsibility to honor and comply with any outstanding agreements and to make NorthStar Cooperative, Inc. aware of their existence. This includes but may not be limited to non-compete agreements, non-solicitation agreements, and/or restrictive covenants.

I certify that all the statements in this completed application are true and understand that any falsification, misrepresentation, or willful omission shall be sufficient cause for cancellation of this application, including refusal to hire, and/or termination of employment if I have been employed.

Signature of Applicant: _____

Date: / /

Disclosure and Authorization Form

NorthStar Cooperative, Inc. will procure a consumer report and/or investigative consumer report on you for employment purposes. Merchants Information Solutions, Inc. PO Box 2070, Phoenix, AZ 85001 Tel. 800-966-0576 will prepare the report. The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records check and conviction history, court records, educational, and driving record history, verification of employment positions held, personal, professional, licensing and certification checks, drug testing results, etc. The information in the report will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates. You may request more information respecting the nature and scope of any investigative consumer reports by contacting the NorthStar Cooperative, Inc. A summary of your rights under the Fair Credit Reporting Act will be provided to you upon request.

Fair Credit Reporting Act Notification – You have the right to receive a copy of your consumer credit report should one be requested for employment reasons. *I request a free copy of the report.*

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form. **By my signature below**, I consent to the release of consumer reports and investigative consumer reports prepared by Merchants Information Solutions, Inc. to NorthStar Cooperative, Inc. I understand that if NorthStar Cooperative, Inc. hires me, my consent will apply throughout my employment as allowed by law. I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, driving record history and standing, criminal records check and conviction history, pre-employment drug test results, and all other information deemed pertinent by the consumer reporting agency to NorthStar Cooperative, Inc. by the following: my past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit reporting agencies ; and, motor vehicle records agencies.

I agree that a facsimile or photocopy of this form is valid just like the original form.

PLEASE COMPLETE AND SIGN BELOW:			
_____ First Name	_____ Middle Name	_____ Last Name	_____ Maiden / AKA
_____ - _____ - _____ Social Security Number	_____ Signature		_____ Date

_____ Date of Birth (Month/Day/Year)	_____ Driver's License Number	_____ State	Female	Male
_____ Current Street Address	_____ City	_____ State	_____ Zip Code	
_____ Previous Address	_____ City	_____ State	_____ Zip Code	
_____ Email Address	() _____ Home Phone Number	() _____ Cell Phone Number		

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL - FOR STATISTICAL USE ONLY)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:			
Position Applied For: _____		Date: _____	
Name: _____		Social Security # _____	
Date of Birth: _____	Sex: Male Female	Applicant's Zip Code _____	

Race / Ethnicity: (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)	
	<u>American Indian or Alaskan Native (Not Hispanic or Latino)</u> – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
	<u>Asian (Not Hispanic or Latino)</u> – 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
	<u>Black or African American (Not Hispanic or Latino)</u> – A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
	<u>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</u> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	<u>White (Not Hispanic or Latino)</u> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
	<u>Hispanic or Latino</u> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
	<u>Two or More Races (Not Hispanic or Latino)</u> – All persons who identify with more than one of the above five races.
	<u>Race missing or unknown</u> – Applies to Applicants only , where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

VETERAN STATUS: (Please check one if it describes your veteran status.) *

SPECIAL DISABLED VETERAN: Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

VIETNAM ERA VETERAN: A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

* Veteran status may only be requested after a job offer is made.

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!