

# APPLICATION FOR EMPLOYMENT

## Lakes of the North Association

An Equal Opportunity Employer

5950 Skytrails Court, Mancelona, MI 49659  
231-585-6000 lakesofthenorth@gmail.com

A person with a disability or handicap requiring accommodation for completing the application process should notify the receptionist as soon as possible.

Lakes of the North Association is an Equal Opportunity Employer. It is the policy of Lakes of the North Association to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial 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 known.

\_\_\_\_\_  
Date of Application

### PERSONAL INFORMATION

\_\_\_\_\_  
Name (first, middle, last)

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

\_\_\_\_\_  
Home Telephone or Number You Can Be Reached At

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Date Available

1. Are you at least: 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Work Permit No. \_\_\_\_\_ (If under 18)

3. Have you ever been convicted of a felony within the last 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 \_\_\_\_\_

\_\_\_\_\_  
Under what name: \_\_\_\_\_

4. Have you previously been employed by Lakes of the North? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

Under what name: \_\_\_\_\_

Complete the following only if the position requires a driver's license:

Driver's License Number \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason: \_\_\_\_\_

List any moving violations during the last three (3) years: \_\_\_\_\_

\_\_\_\_\_

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## EDUCATIONAL HISTORY

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

Name of High School \_\_\_\_\_

GED: \_\_\_\_\_ State: \_\_\_\_\_

<b>Schools attended other than High School</b>	<b>Location (State)</b>	<b>Course or Major studied</b>	<b>Degree</b>
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\_\_\_\_\_

\_\_\_\_\_

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## MILITARY HISTORY (Armed Forces of the United States or State Militia Only)

<b>Branch</b>	<b>Date entered</b>	<b>Date discharged</b>
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_____	_____	_____
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Rank at discharge	Reserve status
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Special training received \_\_\_\_\_

## EMPLOYMENT HISTORY

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

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Company name	Company address	Phone number
Position held / Job title		Dates of employment
Name and title of immediate supervisor		
Reason for leaving		Final salary
Brief description of duties		

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**Special skills/training you would like to note:** \_\_\_\_\_

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**REFERENCES:** Please provide the names of three persons not related to you, who have known you for more than one year.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, call: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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 Lakes of the North Association (hereafter "L/N") if employed.

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 L/N, with or without cause, and without any previous notice. I also understand and agree that L/N 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 L/N employee nor representative, other than its General Manager, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the General Manager of Lakes of the North. I understand that any prior representations, promises, contracts or statements made by or on behalf of L/N 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 Lakes of the North, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. 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: \_\_\_\_\_