

PIONEER RESOURCES1145 E. Wesley Avenue
Muskegon, MI 49442

Phone: 231-773-5355

Fax: 231-777-3507

**APPLICATION FOR
EMPLOYMENT**www.pioneerresources.org**PERSONAL**

Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle	Date	
Street Address			Home Telephone	
City, State, Zip			Cell Phone	
Have you been a continuous resident of Michigan for the last three years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear of employment at Pioneer Resources?				
Position Desired:				
Have you ever worked for Pioneer Resources before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of previous employment:				
Are you legally eligible for employment in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you accept part time work?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check the shifts for which you are available: All _____ First _____ Second _____ Third _____				
Have you been convicted of a misdemeanor within the last 10 years or are you now under indictment for a misdemeanor?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last 15 years or are you now under indictment for a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (CPR, First Aid, CMH training, CDL Endorsements, Languages, machine operation, etc.)				

EDUCATION

	Elementary	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Course of Study				

PERSONAL REFERENCES

Give name, address and phone number of three references who are *not* previous employers, **one** reference must be a relative.

	NAME	ADDRESS	PHONE NUMBER
1			
2			
3			

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above.

I expressly and fully waive all written notice from all prior employers and agree to the divulging of any disciplinary reports, letter of reprimand or other disciplinary action by all prior employers, and hereby release Pioneer Resources and the above referenced organizations, reference persons and prior employers from all claims, liability and damage that may result from furnishing the information to you.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of Department of Social Services, Department of Mental Health, and Community Mental Health agencies, or other governmental agencies.

DRIVER'S VIOLATION AND ACCIDENT HISTORY AND RELEASE

Do you have a valid State of Michigan driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Do you have a commercial driver's license (CDL) Please check any endorsements you have: P <input type="checkbox"/> , S <input type="checkbox"/> , AB <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Do you have Dept. of Education School Bus state certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any points against your driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many points?	
Current Driver's License Number:	State Issued:

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any accident or violation during the past 36 months. I hereby give permission to check with the authorities to get an actual copy of my Motor Vehicle Driving Record.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

All applicants being considered for employment will be required to consent to a Substance Abuse Screen (drug test). The results of the substance abuse screen will be evaluated when determining employment. Failure to pass the screen or failure to submit to the screen in a timely manner will conclude all consideration of your application for employment. This company adheres to and abides by the provisions of "The Drug Free Workplace Act of 1988." If I receive a good faith offer of employment, I consent to a criminal history check that includes the review and obtainment of State Police records, fingerprints and an FBI background check. I also agree to provide personal identification acceptable to the Michigan State Police.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

This page for employer's use only

REFERENCE CHECK		
Employer	Person Contacted	Results
1		
2		
3		
4		

INTERVIEW RESULTS
Comments