



# General Application for Employment

Greenhills School  
850 Greenhills Drive  
Ann Arbor, MI 48105

Please complete this application, attach a detailed résumé, and mail all relevant materials to the Personnel Office at the above address.

Position Applying For \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last, First, Middle

Present Address \_\_\_\_\_  
Street, City, State, Zip

Permanent Address \_\_\_\_\_  
Street, City, State, Zip

Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

18 years or older?  Yes  No      Currently employed?  Yes  No      May we contact your present employer?  Yes  No

Current employer's name, title & phone \_\_\_\_\_

Have you applied for Greenhills School employment before?  Yes  No      When? \_\_\_\_\_

Under what name? \_\_\_\_\_

**Education** – specify institution, degree and year earned or specialized training if not detailed on résumé

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**Work Experience**

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Are you lawfully entitled to be employed in the United States?  Yes  No

Have you ever been convicted of a crime except a minor traffic violation?  Yes  No

If so, please state citation, date and place where offense occurred \_\_\_\_\_

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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.

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Greenhills School is an equal opportunity employer and will not discriminate against any application on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

**References** – three individuals not related to you, whom you have known for at least one year

Name	Street, City, State	Phone	
Name	Street, City, State	Phone	
Name	Street, City, State	Phone	
Emergency Contact	Name	Street, City, State	Phone

**Current and Former Employers** – most recent one first

Company Name	Street, City, State	
Contact Person's Name	Title	Phone
Company Name	Street, City, State	
Contact Person's Name	Title	Phone
Company Name	Street, City, State	
Contact Person's Name	Title	Phone

May we contact the employers listed?  Yes  No

If no, which one(s) may we not contact? \_\_\_\_\_



**Please read the following statement carefully before signing to indicate your understanding.**

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Greenhills School prior to the test so that a reasonable accommodation can be made. Greenhills School reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* 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 to Greenhills School.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*Employers specifically excepted \_\_\_\_\_