

Impression 5 Science Center

Employment Application

An Equal Opportunity Employer



Position applied for _____

Name: _____ Date: _____

Address: _____
Street City State ZIP

Email: _____ Cell Phone No: _____ Phone No: _____

Employment Experience Start with most recent experience.

Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:

- May we contact your current employer? Yes No
- Have you ever applied to Impression 5 Science Center before? Yes No
 - a. If yes, when and under what name? _____

Education

Name and Location	Yrs Completed	Graduated?	GPA	Degree / Major
High School				
Technical or Vocational				
College or University				
College or University (Post Graduate)				

- Are you legally authorized to work in the United States? Yes No
- Have you ever been terminated, separated involuntarily, or suspended from any position? Yes No
 - a. If yes, please describe: _____
- Are you available to work weekends, evenings or holidays? Yes No List hours/days you cannot work: _____
- Type of employment desired: Full-time Part-time How many hours per week? _____
- Are you 18 years old or older? Yes No If no, a job permit may be required.
- Have you been convicted of any felonies in the last seven (7) years? Yes No
 - a. If yes, please explain: _____
(Such conviction may be relevant if job related, but does not automatically bar you from employment.)

Skills, Abilities, Certifications, Licenses, or Specialized Training

--

Professional References (Do not include relatives; at least one must be a current or former supervisor.)

Name	Place of Employment	Relationship	Telephone	Years Known

APPLICANT CERTIFICATION THAT INFORMATION IS ACCURATE AND COMPLETE: I attest that the information provided on this application (and accompanying resume if applicable) is true and complete. I understand that any false information, misrepresentation, or omission—oral or written—may disqualify me from further consideration for employment and, if hired, may result in discipline or dismissal if discovered at a later date.

APPLICANT'S CONSENT TO VERIFY INFORMATION AND RELEASE: I authorize Impression 5 Science Center to investigate my employment history and all statements contained in this application, including records of any former employers and other references or sources concerning me. I authorize all references and sources to provide this information to Impression 5 Science Center and release such references and sources from liability for doing so. I waive my right to any written notice of the release of such records that may be required by state or federal law.

APPLICANT'S CONSENT TO INVESTIGATIVE CONSUMER REPORT: I understand that due to the nature of the jobs at Impression 5 Science Center, an investigative consumer report may be made whereby information is obtained through interviews with various third parties. These inquiries may include information as to criminal, credit, driving record, character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand I have the right to make a written request to Impression 5 Science Center, within a reasonable period of time for additional information concerning the nature and scope of any investigation. I also acknowledge receipt of the previous statement regarding investigative consumer reports.

EMPLOYMENT POLICIES: I understand this application will remain active for consideration for 12 months (365 days). If at the conclusion of this period, I want Impression 5 Science Center to continue to consider me for employment, I must reapply. I understand as a condition of employment I agree to comply with Impression 5 Science Center's employee policies and work rules, including but not limited to its confidentiality and conflict of interest policies.

EMPLOYMENT-AT-WILL: I understand Impression 5 Science Center is an "at-will" employer. As such, employment with Impression 5 Science Center may be terminated at the will of either party, with or without cause, and without prior notice. I understand that no supervisor or other representative of Impression 5 Science Center, except the Executive Director and only when in writing (signed and dated by both parties), can enter into an employment contract, either written or verbal.

JOB FUNCTIONS: I attest that I can perform the essential functions of the job, with or without reasonable accommodation. I understand that under Michigan law, if I am a qualified individual who is disabled and requires an accommodation, I understand that it is my responsibility to request an accommodation within 182 days after the date I knew or reasonably should have known that an accommodation was needed.

STATUTE OF ACTIONS: I understand that as a condition of employment I agree to commence any action or suit relating to my employment relationship with Impression 5 Science Center within the lesser of the applicable statute of limitations or 180 calendar days (6 months) after the date that I knew or should have known about the incident giving rise to the action or suit. Furthermore, I agree to waive any statute of limitation to the contrary.

I understand that my employment will not be considered unless this application is completed in its entirety.

Signature of Applicant: _____ Date: _____