

TEACHER APPLICATION FOR EMPLOYMENT

Anchor Bay Co-Op Nursery, Inc.

P.O. Box 828
New Baltimore, MI 48047
586-725-7978

Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Telephone () - _____ SSN: - - _____

Person to be notified
in case of
emergency

Name _____ Address _____ City _____ Phone _____

Are you 18 years or older? Yes No

Are you a citizen of the U.S.? Yes No

NAME OF SCHOOL: CITY/STATE	RECORD OF EDUCATION				DIPLOMA/DEGREE	
	COMPLETED				GRADUATED	
High School	9	10	11	12	Y	N
College	1	2	3	4	Y	N
College	1	2	3	4	Y	N
Other	1	2	3	4	Y	N

Are you now employed? Yes No

May we inquire of you employer? Yes No

Date Available _____

Have you ever been convicted of a crime? Yes No

If so, when, where and nature of offense? _____

List present and past employment beginning with the most recent:

Name/Address/Phone	Dates	Position	Reason for Leaving	Supervisor

THE ABCN IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP.

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Education or Employment References

Name and Occupation	Address	Phone Number

Personal References (Not former employers or relatives)

Name and Occupation	Address	Phone Number

List any memberships or honorary, collegiate educational and community organizations:

Summarize here other experiences, qualifications, interests and avocations:

I have made application for employment with the Anchor Bay Co-Op Nursery, Inc. I hereby authorize the Anchor Bay Co-Op Nursery, Inc. to make a thorough investigation of my past employment. I also authorize my previous employers to release to the Anchor Bay Co-Op Nursery, Inc. any and all information and records which they may have, personal or otherwise, concerning my previous employment. I also release all parties from any liability from any damages that may result from furnishing such information. By way of example, but no by way of limitation, I also authorize Anchor Bay Co-Op Nursery, Inc. to request and my previous employers disclose any information about my attendance, punctuality, work performance, knowledge of subject matter and ability to relate to others. I understand that by making any misleading or untruthful statement on this application may result in my dismissal if I am appointed. If accepted employment, I understand that this application will become a permanent part of my personal record.

Signature of Applicant: _____ Date: _____

TO BE USED BY PERSONNEL OFFICE ONLY

Date of Interview _____ Interviewed by _____

References Contacted _____ Checked By _____

Recommended for Employment: _____ Employed On: _____

Enclosures:

Resume		Certification		OSHA Training	
W-4		TB Test		Hep B Series	
Data Sheet		Physical		Contract	

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