

AN EQUAL OPPORTUNITY EMPLOYER

The Michigan Economic Development Corporation (MEDC) is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, national origin, color, gender, age, disability, sexual orientation, marital status, political persuasion, height, weight, genetic information, veteran status, familial status or any other category protected by law.

This application must be completed by the applicant only. Please answer each question fully and accurately. No action can be taken on this application unless all questions have been answered. Use blank paper if you do not have enough room on this application.

Personal Data

Name (last, first, middle)	Today's Date (mm/dd/yyyy)		
Address (number and street)	City	State	ZIP
Telephone Numbers (incl. area code) Home _____ Alternate (work/cell) _____	E-mail Address _____		
Position Applied For _____			
Criminal History: Note that a conviction is not an automatic bar to employment, but a failure to disclose information may disqualify you for employment or be a reason for discharge if you are hired. Have you ever pleaded guilty, no contest to or been convicted of a felony? ☐ Yes ☐ No	Are you a veteran (has 90 or more calendar days of active duty service in the armed forces of the United States and was honorably discharged from active duty) or a disabled veteran? ☐ Yes ☐ No		
	Are you a subject of any employment, non-compete or confidentiality agreements? If yes, attach the copy of the agreement. ☐ Yes ☐ No		
	Do you have any relative(s) currently employed at the MEDC/MSF. ☐ Yes ☐ No		
How did you become aware of this employment opportunity at the MEDC? (Check all that apply) ☐ MEDC Website ☐ NEOGOV ☐ MITalent.org ☐ Referral ☐ Internet (site name) _____ ☐ Other (be specific) _____	When would you be available to begin work? ☐ Immediately ☐ After: ____/____/____ ☐ After Two Weeks Notice		
	Have you ever been employed by the MEDC? ☐ Yes ☐ No If yes, when? _____		

Educational Data (Accredited Institutions Only)

	Name, City, State	Highest Level Completed	Degree(s) Attained (Y/N)	College Major(s)
High School				
College or University				
Postgraduate				
Other Training				

Professional Designations/Licenses

Skills

List any additional skills (e.g. software, language skills, etc.):

Employment References (Provide three employment references that the MEDC may contact with your permission. Include only individuals familiar with your work abilities (direct management strongly encouraged). Do not include relatives or personal acquaintances.)

	Name	Telephone (incl. area code)	Company	Email Address	Relationship
1					
2					
3					

Employment Experience

List names of employers in consecutive order with present or last employer listed first. If self-employed, give company name and attach business references. **PLEASE NOTE:** Your application may not be considered unless every question in this section is answered.

Have you ever been discharged/dismissed from a previous job, resigned in lieu of dismissal, or suspended by an employer? ☐ Yes ☐ No
If "Yes", please explain:

Most Recent Employer	Title and Duties	Reason for Leaving
City, State, ZIP	Dates Employed (mm/yy) From To	Current/Final Salary \$
Telephone (incl. area code)	Name of Last Supervisor	May we contact this employer? ☐ Yes ☐ No
Second Most Recent Employer	Title and Duties	Reason for Leaving
City, State, ZIP	Dates Employed (mm/yy) From To	Current/Final Salary \$
Telephone (include area code)	Name of Last Supervisor	May we contact this employer? ☐ Yes ☐ No
Third Most Recent Employer	Title and Duties	Reason for Leaving
City, State, ZIP	Dates Employed (mm/yy) From To	Current/Final Salary \$
Telephone (include area code)	Name of Last Supervisor	May we contact this employer? ☐ Yes ☐ No

IMPORTANT, READ AND UNDERSTAND BEFORE SIGNING

- [] [Initial] I certify, under penalty of perjury, that all information provided on this application, my resume, and any supporting documents is true, accurate and complete. I understand and agree that any false, misleading or incomplete information given in my application, interview(s), or other pre-employment questionnaires and procedures, regardless of when discovered by the MEDC, will be sufficient basis for my disqualification for employment or, if already employed by the MEDC, the termination of my employment with the MEDC. I agree that the MEDC shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such false, misleading or incomplete information.
- [] [Initial] I understand that employment and continued employment with the MEDC is employment at will, and may be terminated by me or the MEDC at any time, with or without cause, and that no promises or representations contrary to this are binding on the MEDC.
- [] [Initial] I authorize an investigation of all matters contained in this application, my resume, and any supporting documents, that the MEDC may deem relevant to my employment and to the extent permitted by federal, state or local law. I authorize and consent to, without reservation, any party or agency contacted by the MEDC to furnish such information to the MEDC. I hereby release from any and all liability and responsibility all parties and agencies supplying such information and the MEDC's employees in obtaining the same to the extent permitted by federal, state or local law. I understand that I may be required to authorize the MEDC to obtain a criminal investigative report, in accordance with applicable law. That authorization is contained in a separate document.
- [] [Initial] I agree that before being hired or beginning work, the MEDC may ask me to take a drug test and that cooperating in the administration of this test and passing it are conditions for employment.
- [] [Initial] I agree that, if hired, I will supply the MEDC with proof of my legal right to work in the United States.
- [] [Initial] I hereby acknowledge that I have read, understand and agree to the above.

Notice to Applicant: Please carefully review your application. Changes cannot be made once you have submitted. By signing this Application electronically below, you agree that your electronic signature is the legal equivalent of your manual signature.

Print Name:	
Signature:	Date (mm/dd/yyyy):