



**WESTERN MICHIGAN UNIVERSITY**  
Center for Disability Services  
Non-Benefit Staff Employment Application

In accordance with applicable local, state and federal law, Western Michigan University is an EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER. All personnel actions, including recruitment, hiring, promotion, training and benefits are administered without regard to race, sex, age, color, national origin, height, weight, marital status, sexual orientation, religion, handicap unrelated to ability to perform one's job and Vietnam era or disabled veteran status. Please complete this application thoroughly and accurately. Please answer all questions, even if you attach a resume.

Program applying for: \_\_\_\_\_

Title of job applying for: \_\_\_\_\_

**Personal Information**

Name _____		
(Last)	(First)	(Middle)
Address: _____		City: _____ State: _____
Phone: _____		Email: _____
Are you at least 18 years of age? ____ yes ____ no		
Do you have the legal right to work in the USA? ____ yes ____ no		

**Education**

Are you a High School Graduate or do you have a GED or equivalent? \_\_\_\_ yes \_\_\_\_ no

Please complete the table below with any additional education post high school graduation.

<b>College, university, technical and/or military schools attended</b>	<b>Major, minor or concentration</b>	<b>Certificate/degree earned</b>

Additional education, skills or training which relate to the position for which you are applying:

## Employment History

Please start by listing your current or most recent work experience, including any US or other military experience. Include all employment, whether full time, part-time, summer or temporary work. You may attach a list of additional experience and you are encouraged to do so if it related to the employment you seek at Western Michigan University.

Employer Name: _____	Start Date: _____	End Date: _____	
Address: _____	_____	_____	_____
(Street)	(City)	State	Zip
Position Title: _____	_____ Full time	_____ Part time	Ending Salary \$ _____
Reason for Leaving _____			
Description of duties, responsibilities and equipment operated:			
If we are seriously considering you for employment, may we contact this employer?    ___ yes    ___ no			
Supervisor Name _____		Phone _____	

Employer Name: _____	Start Date: _____	End Date: _____	
Address: _____	_____	_____	_____
(Street)	(City)	State	Zip
Position Title: _____	_____ Full time	_____ Part time	Ending Salary \$ _____
Reason for Leaving _____			
Description of duties, responsibilities and equipment operated:			
If we are seriously considering you for employment, may we contact this employer?    ___ yes    ___ no			
Supervisor Name _____		Phone _____	

Employer Name: _____	Start Date: _____	End Date: _____	
Address: _____	_____	_____	_____
(Street)	(City)	State	Zip
Position Title: _____	_____ Full time	_____ Part time	Ending Salary \$ _____
Reason for Leaving _____			
Description of duties, responsibilities and equipment operated:			
If we are seriously considering you for employment, may we contact this employer?    ___ yes    ___ no			
Supervisor Name _____		Phone _____	

## Experience

CDS has a requirement that we only consider applicants who come to us with one year of experience working/interacting with an individual with a disability. This experience does not need to be in the form of a paid employment relationship. This can be with a friend, family member, volunteer experience, experience with older adults with dementia/aging issues, etc. Please list all of your experience with an individual with a disability or disability related issues. Please include the amount of time you spent in each of these experiences (hours/weeks/years):

## Availability

Please complete the table by marking with an "X" when you are availability to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midnight							
1 a.m.							
2 a.m.							
3 a.m.							
4 a.m.							
5 a.m.							
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 noon							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							

**References**

1. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Position \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Position \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Years known \_\_\_\_\_  
 Position \_\_\_\_\_ Phone \_\_\_\_\_

**Where did you hear about job opportunities at WMU?**

**Excluding minor traffic violation, have you ever been convicted of a felony or misdemeanor?**

\_\_\_\_ yes \_\_\_\_ no

If yes, list date, charge, place, court and action taken. A prior conviction does not necessarily mean that you cannot be employed. Criminal convictions will be considered in relation to the position for which you have applied.

**Please read carefully before signing.**

I understand in filling out this application that WMU is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. **I understand and agree that any misrepresentation or false statement on this application shall be considered cause for the rejection of this application or, in the event I become employed, immediate discharge.** I authorize the release to Western Michigan University of all information requested in this application. I authorize the University to investigate any of the information contained on this application. I understand this information will be used only to evaluate my qualifications for work. I waive any rights which I may have to receive written notice from any employer, institution or reference listed on this application that provides this information to notify me when the requested information is released.

I understand that after receiving a conditional job offer, I may be required to successfully complete a medical examination including drug testing. I further agree, if hired, to submit to any future medical examinations (including drug and alcohol testing) that are justified by business necessity as required by the University.

I understand that employment at the University is conditional upon a review of my criminal conviction records, driving records and positive reference checks. I authorize the University to request and obtain from any criminal justice agency, an investigation and report to determine my prior criminal conviction (s), if any.

In accordance with the Crime Awareness and Security Act of 1990, as part of the Student Right-to-Know and Campus Security Act, Western Michigan University's Department of Public Safety publishes an Annual Security Report. I understand that a copy of this report is available by contacting the University Police Department at 511 Monroe St., Kalamazoo, MI 49008, or accessing the following Web site: ([www.wmich.edu/public-safety](http://www.wmich.edu/public-safety)).

I understand I will be required to produce at the time of hire Employment Eligibility documents in compliance with the Immigration Reform and Control Act of 1986 (Employment Eligibility Verification Form I-9).

If hired, I agree to comply with the applicable rules and regulations of Western Michigan University.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_