



EMPLOYMENT APPLICATION

Statement of Policy: Employment with **Michigan Sports Academies** is based on individual merit. Employment opportunities are open to all qualified individuals as required by applicable laws prohibiting employment discrimination based on race, religion, color, sex, national origin, age, height, weight, marital status, covered veteran status, disability, pregnancy, genetic information, or any other personal characteristic protected by applicable law.

To All Applicants: This application must be fully completed. Incomplete information could disqualify you from further consideration. Your application will remain on file for **3 months** after being filed. You must reapply if you want to be considered for vacancies as they occur after that date. If you accept a position with **Michigan Sports Academies** you will be required to provide information about your identity and authorization to be employed in the United States **on your first day of employment** and you will be required to provide documents evidencing such identity and employment authorization **no later than the third business day of your employment**.

Name: _____ Date: _____
First Middle Last

Address: _____ Available Start Date: _____
Street

_____ Email Address: _____
City State Zip

Home Phone #: _____ Cell Phone #: _____

Desired Building & Position: _____

Are you authorized to be employed in the United States? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___ (If no, you may be required to provide authorization to work)

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes ___ No ___ (A job description will be provided upon request)

Availability – Full-time: Days ___ Hours ___ / Part-time: Days ___ Hours ___

Have you ever applied to or been employed with **Michigan Sports Academies** or any related entities?

Yes ___ No ___

If yes, what position? _____ When? _____

Do you have relatives employed by **Michigan Sports Academies** or any related entities? Yes ___ No ___

If yes, please list the name(s): _____

Have you ever been convicted of a crime, other than a minor traffic infraction? Yes ___ No ___

Are there any felony charges pending against you? Yes ___ No ___

If yes to either of the above, please explain: _____

List any other name you have used in connection with employment, education, or any criminal conviction (other than a minor traffic infraction) or pending felony charge:



EDUCATION

Name/Location of School (High School and above)	No. of Years Attended	Graduated Yes/No	Major/ Degree	GPA

PROFESSIONAL CERTIFICATION/LICENSE

Name/Type	Date Issued	Current - Yes/No

EMPLOYMENT HISTORY

List in order beginning with present employer. Do not skip any employer in the last ten years (Please attach additional sheets if necessary).

Company Name, Address, Phone	Position/Job Title	Dates
		Start (Mo/Yr) - End (Mo/Yr)
Supervisor:		

Reason for leaving: _____

Supervisor:		
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Reason for leaving: _____

Supervisor:		
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Reason for leaving: _____

Supervisor:



Reason for leaving: _____

REFERENCES May we contact your current employer as a reference? Yes ____ No ____

Computer software proficiency (please list specific programs):

Please list other skills, education, or experiences you have that are relevant to the position you seek.

Please read carefully before signing

I authorize investigation of all statements contained in this application. I understand that employment may be contingent upon satisfactory completion of a drug screen, background check, and demonstration of my eligibility to work in the United States. I also authorize any individual to give information regarding my suitability for employment, other than as noted above, and release all parties from any liability for any damages that may result from furnishing same to you. I waive written or other notice of a current or former employer's release of disciplinary or other lawfully released information about me. If employed, I agree to conform to the rules and regulations of **Michigan Sports Academies**. I understand and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time at the option of either **Michigan Sports Academies** or me. I understand that no employee or representative of **Michigan Sports Academies** has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement limiting **Michigan Sports Academies** right to terminate employment at will.

I agree that any claim or lawsuit relating to my application for employment, or, if I am hired, relating to my employment with Michigan Sports Academies or any of its related entities or the termination of that employment, must be filed not more than 180 days after the act, statement, or omission that is the subject of the claim or lawsuit, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. I understand this means that even if the law would give me the right to wait a longer time to make a claim or file a lawsuit, I am waiving that right, and any claims not brought within 180 days of the action complained of will be barred.

I attest with my signature below that all of the information contained in this application is true and complete and that any falsification, misrepresentation, or omission may result in refusal of or immediate dismissal from my employment. No requested information has been concealed.

I agree that I will not commence any action or lawsuit relating to my employment with Michigan Sports Academies, or the termination of my employment, more than 6 months after the termination of my employment, and I agree to waive to the fullest extent permitted any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am freely and knowingly waiving that right, and that any claims not brought within 6 months after my employment ends will be barred. I waive any right to a jury trial if I ever sue Michigan Sports Academies regarding my employment with Michigan Sports Academies. I understand that this means that even if the law would give me the right to have a jury decide my claims, I am freely and knowingly waiving that right and agree to have my claims heard and decided by a judge instead.

Signature: _____

Date: _____