



Application for Employment

All applicants for a position are considered without regard to race, color, religion, handicap, sex, marital status, veteran status, age, height, weight, or any other protected status, except as is allowed under the adopted Affirmative Action Policy of the organization and in compliance with legal requirements.

Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the employer in writing of the need for an accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed.

MEA, MESSA and MEA-FS are deeply committed to diversity and inclusion in its hiring practices. We are an affirmative action, equal opportunity employer. People of color, women, and members of other historically marginalized social identity groups are encouraged to apply.

Return to: MEA Human Resources
1350 Kendale Blvd.
East Lansing, MI 48823

Date of application _____

Positions applied for _____

Referral source:

- Advertisement
- Friend
- Relative
- Posting notice
- Other _____

Personal

Last name _____ First name _____ Middle initial _____

Address _____ Apt./Lot no. _____

City _____ State _____ Zip code _____

Home phone (_____) _____ Work phone (_____) _____

Email address _____

Social Security number: - -

- Are you 18 years of age or older? Yes No
- Are you now employed? Yes No
- Have you been employed by MEA, MESSA and/or MEA Financial Services in the past? Yes No

If *yes*, give dates of employment and name(s) of supervisor(s): _____

- Are you a veteran of the U.S. military service? Yes No
- Are you authorized to work in the United States? Yes No
- Have you ever been convicted of a crime? Yes No

If *yes*, where, when and nature of offense _____

- Are there any felony charges currently pending against you? Yes No
- Do you have a valid driver's license? Yes No

If *yes*, give license number _____ State _____

List any relatives who are currently employed by MEA, MESSA or MEA Financial Services.

Employment

Provide accurate, complete information on your full-time and part-time employment history, starting with your most recent or present employer. If more room is needed, there is space on the back, or use a separate sheet and submit with this application. If you are providing a resumé, submit with this form.

Name of current company/employer _____

Address _____

Name & title of immediate supervisor _____

Phone (_____) _____ Employment dates: from ____ / ____ / ____ to ____ / ____ / ____

Starting pay \$ _____ per hour/week Ending or current pay \$ _____ per hour/week

Job title and description of work performed _____

Reason for leaving _____ May we contact this employer? Yes* No

Name of previous company/employer _____

Address _____

Name & title of immediate supervisor _____

Phone (_____) _____ Employment dates: from ____ / ____ / ____ to ____ / ____ / ____

Starting pay \$ _____ per hour/week Ending or current pay \$ _____ per hour/week

Job title and description of work performed _____

Reason for leaving _____ May we contact this employer? Yes* No

Name of previous company/employer _____

Address _____

Name & title of immediate supervisor _____

Phone (_____) _____ Employment dates: from ____ / ____ / ____ to ____ / ____ / ____

Starting pay \$ _____ per hour/week Ending or current pay \$ _____ per hour/week

Job title and description of work performed _____

Reason for leaving _____ May we contact this employer? Yes* No

Name of previous company/employer _____

Address _____

Name & title of immediate supervisor _____

Phone (_____) _____ Employment dates: from ____ / ____ / ____ to ____ / ____ / ____

Starting pay \$ _____ per hour/week Ending or current pay \$ _____ per hour/week

Job title and description of work performed _____

Reason for leaving _____ May we contact this employer? Yes* No

References – List three professional references who are not related to you.

Name _____ Title _____
Company Name _____ Phone (_____) _____
Address _____
City/State/Zip _____

Name _____ Title _____
Company Name _____ Phone (_____) _____
Address _____
City/State/Zip _____

Name _____ Title _____
Company Name _____ Phone (_____) _____
Address _____
City/State/Zip _____

All of the information given in this application or later provided by me in support of my application is true and complete. I agree that any false information in support of my employment application may subject me to discharge at any time during my employment.

Signature of applicant _____

** I authorize you to verify any information concerning my employment, education or other history with appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary and employment records, without any obligation to give me written notice of such disclosure.*

Signature of applicant _____

Additional information

