



William Davidson Institute
AT THE UNIVERSITY OF MICHIGAN

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin or ancestry, age, disability, marital or veteran status, or any other legally protected status.

Please answer ALL questions.

Position applying for: (Submissions must be for a specific and current WDI job opening.)

Provide your legal name as it appears on a legal document authorizing you to be hired in the United States:

Form with fields for Last Name, First Name, Middle Name, Street Address, Apt #, City, State, Zip Code, Home Telephone Number, Cell Number (optional), and Personal e-mail address.

1. How did you learn about this position/opening? Advertisement (specify): Relative Friend Employment Agency Employee of WDI Other:

2. Do any of your friends or relatives, other than spouse, work at WDI? Yes No If Yes, state name, relationship

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A

4. Are you presently legally authorized to work in the United States? No Yes - (Specify: Full Time Part Time) NOTE: Proof of citizenship or immigration status will be required upon employment.

5. Date available to begin (MM/DD/YY):

6. Are you currently employed? No Yes -- if so, may we contact your present employer? Yes No Self-employed

7. You are available to work Full Time (min. 8 AM - 5 PM weekdays) Part Time (list hours available): Temporary (please state last date available as MM/DD/YY): Overtime (if job requires it)

8. Are you currently on "lay-off" status and subject to recall? Yes No

9. Check days of the week are you available to work: Sun Mon Tues Wed Thurs Fri Sat

10. Minimum annual salary requirement: \$/year

11. Have you ever filed an application with us before? No Yes - if so, state date & position title

12. Have you ever been convicted of a crime? No Yes - if so, give details:

13. Are there any felony charges pending against you? No Yes - if so, give details in space provided below.

NOTE: a "Yes" response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the offense, number of convictions, length of time since crime and/or release from incarceration occurred, whether a sufficient/satisfactory work record has been established since the crime and/or incarceration, and the criteria of the position for which application is being made.

Last Name: _____

Complete all sections; indicating "See Resume" is NOT acceptable.

EDUCATION								
	Name of Degree	Dates From (MM/YY)	Dates To (MM/YY)	Graduated? (circle)	Major	GPA	School Name	State (or Country)
High School	N/A	Do not complete shaded boxes.		Yes No	N/A			
Undergrad				Yes No				
Graduate				Yes No				
Graduate				Yes No				
Currently				Yes No				
Trade/Tech				Yes No				

SEMINAR/TRAINING List those that pertain to this job opening that are not included above.	Date & Location (city/state):
Title:	
Title:	
Title:	
Title:	

VOLUNTEER EXPERIENCE OR CIVIC ACTIVITIES NOTE: You are not required to list activities that show political or religious affiliation.			
Organization	Role in Organization	Start Date (MM/YY)	End Date (MM/YY)

LICENSES/CERTIFICATION/REGISTRATIONS					
Type: Lic/Cert/Regist	Number	Date Issued(MM/YY)	Issued By	Expiration Date (MM/YY)	Issued in State/Country

PROFESSIONAL MEMBERSHIPS		
Organization's Name	Membership Date (MM/YY)	Still Active/Current?

PAST PROFESSIONAL TRAVEL DESTINATIONS outside of USA (<u>not</u> personal travel)
List countries only:

Last Name: _____

Complete all sections; indicating "See Resume" is NOT acceptable.

PLEASE LIST RELEVANT WORK EXPERIENCE(S)

Start list with current job (or if unemployed currently, then last relevant job held).

Employer and Department	Telephone ()	
City	State	Country (if not USA)
Supervisor's Name & Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Number of Hours:
Final Salary or Hourly Rate \$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year	
Title:	Other titles during this time frame:	
If applicable, give reason for leaving this position:		
Number of persons you supervised at any given time:		
Duties/Work performed:		

Employer and Department	Telephone ()	
City	State	Country (if not USA)
Supervisor's Name & Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Number of Hours:
Final Salary or Hourly Rate \$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year	
Title:	Other titles during this time frame:	
Reason for leaving this position:		
Number of persons you supervised at any given time:		
Duties/Work performed:		

Last Name: _____

Complete all sections; indicating "See Resume" is NOT acceptable.

Employer and Department	Telephone ()	
City	State	Country (if not USA)
Supervisor's Name & Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Number of Hours:
Final Salary or Hourly Rate \$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year	
Title:	Other titles during this time frame:	
Reason for leaving this position:		
Number of persons you supervised at any given time:		
Duties/Work performed:		

Employer and Department	Telephone ()	
City	State	Country (if not USA)
Supervisor's Name & Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date (MM/YY)	End Date (MM/YY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Number of Hours:
Final Salary or Hourly Rate \$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year	
Title:	Other titles during this time frame:	
Reason for leaving this position:		
Number of persons you supervised at any given time:		
Duties/Work performed:		

PLEASE NOTE: You are welcome to attach your résumé to this application if you wish, but you must complete all sections requested regardless of including the résumé. If you require additional space to list other jobs which are also relevant, please add a sheet of paper listing all of the details requested in this "work experience" section.

Last Name: _____

COMPUTER EXPERIENCE

I have experience using this/these operating systems: Mac Windows MS-DOS Other: _____

Identify software that you have had successful experiences using (not just training), and list any specialized software not listed herein:

Microsoft Office Suite: MS Word MS Excel PowerPoint Outlook Access Publisher MS Front Page
Please list other word processor & spreadsheet software in which you are proficient: _____

- graphics/design: Adobe Photoshop Adobe Illustrator other (specify): _____
- desktop publishing: MS Office Publisher Adobe PageMaker Adobe InDesign other (specify): _____
- web editing experience? Yes, proficient in: HTML Dreamweaver Other: _____

OTHER

State any additional specialized training, qualifications or skills relevant to this position (e.g., internet searches, etc.) you feel might be helpful to us considering your application:

REFERENCES

Please do not list any peers, subordinates or family members. We request a min. of two references be professional references.

1st Reference Name	Reference Type <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both
Daytime Telephone Number	E-mail address
Their Title/Occupation	Employer
Length of time you've known this reference, and in what capacities:	

2nd Reference Name	Reference Type <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both
Daytime Telephone Number	E-mail address
Their Title/Occupation	Employer
Length of time you've known this reference, and in what capacities:	

3rd Reference Name	Reference Type <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both
Daytime Telephone Number	E-mail address
Their Title/Occupation	Employer
Length of time you've known this reference, and in what capacities:	

NOTE: If you have been known by another name, please inform your references that we will refer to your name as listed on page one if we contact them.

APPLICANT'S STATEMENT

Please read the following statements carefully. Indicate your understanding and agreement by signing and dating on the spaces provided. Your signed release on this document is **required** for a complete application packet.

NOTE: If this application is to be sent via e-mail: wdi@umich.edu, then applicant may scan this page after signing. If the applicant does not sign this page before sending it electronically, it must be signed before in-person interview -- if one is provided. All applications faxed to WDI at (734) 763-5850 must include applicant's signature on this page.

I certify that answers on this document are true and complete to the best of my knowledge. I realize that all the information furnished by me is important and that the William Davidson Institute (hereafter referred to as "WDI") will rely on such information in making a decision as to whether or not to engage me in employment.

I authorize investigation of all statements contained in this application and in interviews for employment as may be necessary in arriving at an employment decision and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers, etc. that are given in response to the inquiry. I authorize all individuals, schools, and employers named, except as specifically limited on this application, to provide information requested about me, and I release them, WDI and its employees from liability for damages in providing this information. (I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application.)

I understand this application for employment shall be considered *only* for the position named on page one. To expedite this process in the future, I may keep an electronic copy of this completed form (in the event I wish to apply for another open WDI position -- yet to be announced).

If I am hired WDI, in consideration of my employment, I agree that I may resign and that my employment and compensation may be terminated at any time, with or without notice, with or without cause, at the option of either the Institute or myself. I further understand that my employment relationship will be "at will," that I am not being hired for any specified period of time, and that no supervisor or manager of the Institute, other than in writing signed by the Executive Director or the Associate Director of WDI has the authority to enter into any other agreement for employment or to make any agreement contrary to the foregoing.

I understand, also, that I am required to abide by all rules and regulations of WDI.

In consideration of my employment, if hired, I agree: 1. To waive trial by jury of any claims under any Michigan or federal statutes or under the common law that I may have against WDI. 2. Any award in any civil action against WDI alleging that it discharged me in violation of any Michigan or federal statute or any common law obligation will be limited to reinstatement, if available under the applicable statute, and back-pay, minus any interim earnings. 3. Not to commence any lawsuit relating to my employment or the termination of my employment with WDI more than six months after the date of termination of my employment and to waive any statute of limitation contrary to this six month period, except as applicable federal law may allow actions.

I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of any offer or the termination of employment.

I understand that the authorizations and acknowledgements above state terms and conditions governing employment with WDI and that my signature below indicates that I have read the terms and conditions stated above and accept them.

Name of Applicant _____

Signature of Applicant _____

Date signed _____

Date received by WDI: