

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name:			Date:
Address:			
City:	State:	Zip Code:	Number: ()
Email Address:			
Position desired?			
Desired Pay:			
Can you perform the essential functions o YES [] NO []	of the position for which	h you are applying?	
If no, please explain. (If you have any que applying, please ask the interviewer before			o the position for which you are
When are you available to begin work?			
Are you legally eligible for employment i	in the United States? Y	ES [] NO []	
(Proof of identity and eligibility will be re	equired upon employm	ent)	
Are you over the age of 18 years? YES []] NO []		
(If no, you may be required to provide aut	thorization to work.)		
Have you or someone you know ever wor	rked for James H. Cole	Home For Funerals	s, Inc. before? YES [] NO []
If yes, where? When? (Give da	Job T	itle:	
Have you ever been convicted of crime? Neading to conviction(s), ow recently such rehabilitation.	n offense(s) was/were c	committed, sentence	(s) imposed, and type(s) of
Are you willing to undergo a pre-employ	ment background checl	k and drug test? YE	S[] NO[] If no, please explain:

Main Chapel 2624 West Grand Blvd. Detroit, MI 48208 (313) 873-0771 Northwest Chapel 16100 Schaefer Hwy Detroit, MI 48235 (313) 835-3997



WORK AVAILABILITY

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] If you cannot work full time, please explain:

Days and Hours Available

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							

EDUCATION & TRAINING

	Name and Location of	Course of	No. of Years	Diploma or
	School	Study	Completed	Degree Received
High School				
College				
Vocational or				
Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college.

EMPLOYMENT HISTORY (Start with your current or most recent position)

Name of Employer	Telephone Number
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title

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Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Po	erformed		
Name of Employer		Telephone Number	
Full Address (Includi	ing Street, City, State & Zip)	Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work P	erformed	•	
Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work P	erformed		

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name of Reference	Professional Relationship	Email Address & Phone
1.		
2.		
3.		

James H. Cole Home for Funerals provides equal employment opportunities to all team members and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, weight and height or military status, in accordance with applicable federal laws.

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IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

C: al.	Dotor
Signed:	Date: