

# CRANBROOK

380 Lone Pine Road  
P.O. Box 801  
Bloomfield Hills, Michigan 48303-0801  
Phone: (248) 645-3161 • Fax (248) 645-3014

## FACULTY APPLICATION FORM



Applicant's Name

Date

*Cranbrook Educational Community is an equal opportunity employer  
and strives to provide a work environment that welcomes diversity.*

Job Hotline: (248) 645-7711  
Visit us on our website at [www.cranbrook.edu](http://www.cranbrook.edu)







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PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this Application of Employment, in my resume and in the other materials I have submitted are true and complete. I understand that any false, misleading or incomplete information will result in disqualification from employment with Cranbrook ("the Employer"), or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience.

I hereby authorize my current and former employers to disclose to the Employer all requested information, including but not limited to, any information concerning any unprofessional conduct by me, and to make available to the Employer copies of all documents maintained in my personnel record, including but not limited to, documents relating to any unprofessional conduct by me.

I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing in good faith, or using, information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will, and no representative of the Employer, other than the President or his/her designee, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President or his/her designee.

I agree not to commence any action or suit relating to my employment with the Employer more than one (1) year after the occurrence of the facts giving rise to the claim, or more than one (1) year after the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than one (1) year, I agree that the shorter statute of limitations shall apply.

I hereby consent to having a physical examination and/or test(s) conducted by a physician or other professional of the Employer's choice, including but not limited to drug and/or alcohol testing, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations, as amended from time to time, of the Employer.

Signature

Print Name

Date