

# APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, handicap, sex, religion, national origin, age, marital or veteran status.

## PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you been previously employed here? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_ Supervisor  
Name(s) \_\_\_\_\_

Have you filed an application before? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

## EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_

Kind of work sought: Full time \_\_\_ Part time \_\_\_ Other \_\_\_\_\_

If part-time, please specify hours and days desired: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

## MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes \_\_\_ No \_\_\_

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes \_\_\_ No \_\_\_ If yes, date obligation ends \_\_\_\_\_

Special/technical training: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (List current or most recent job first)**

1	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for leaving		
2	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for leaving		
3	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for leaving		
4	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for leaving		

**EDUCATION**

	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocation/Training				

Any other educational training: \_\_\_\_\_

**REFERENCES** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**ADDITIONAL INFORMATION**

Have you been convicted of a crime? Yes \_\_\_ No \_\_\_

If so, where, when and nature of offense. \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

(this information needs to be supplied only if driving is a job duty of the position you have applied for)

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex; national origin, handicap, marital or veterans status \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

**AUTHORIZATION AND UNDERSTANDING:**

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history. I give the respective individuals and entities my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the President or his designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

Handicap Accommodation Request

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying the Company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the handicapper.

Limitation on Time for Employment Lawsuits

I AGREE THAT ANY ACTION OR LAWSUIT AGAINST THE COMPANY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE, LOCAL OR FEDERAL CIVIL RIGHTS STATUES, MUST BE BROUGHT WITHIN ONE YEAR (OR SUCH SHORTER PERIOD AS PROVIDED BY LAW OR STATUTE) OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIOD TO THE CONTRARY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date