

EMPLOYMENT APPLICATION

We are an equal opportunity employer. We treat all applicants and employees equally without regard to any legally-protected status, such as race, color, national origin, disability, age, gender, sex, religion, sexual orientation, height, weight, national origin, familial status, marital status, genetic information, status as a protected veteran, or any other classification protected under applicable law. If you are a qualified individual with a covered disability in need of an accommodation in order to apply, please contact our main office.

Date of Application: / /

Position Applied for: _____ **Approximate salary/rate desired:** _____ :

Referral Source: ☐ Monster.com ☐ Friend ☐ Relative ☐ Michigan Talent Bank
 ☐ CareerBuilder.com ☐ Other: _____

Name: _____

LAST **FIRST** **MIDDLE**

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Telephone: () _____
Area Code

Email Address: _____

Have you filed an application here before? ☐ Yes ☐ No If yes, give date: ____/____/____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date: ____/____/____

Are you employed now? ☐ Yes ☐ No **May we contact your past/present employers?** ☐ Yes ☐ No

Are you legally eligible to work in the United States? ☐ Yes ☐ No

On what date would you be available for work? / /

Are you available to work? ☐ Full Time ☐ Part Time ☐ Summer ☐ Temporary

Which shifts could you work? ☐ Morning ☐ Afternoon ☐ Midnights

Are you on a layoff and subject to recall? ☐ Yes ☐ No

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

For driving jobs only, do you have a valid driver's license? ☐ Yes ☐ No

Have you been convicted of a felony at any time, or have any pending felony charges? ☐ Yes ☐ No

If "yes," please explain: _____.

Note: A criminal record will not necessarily be a bar to employment. The company will take into account factors such as your age at the time of the offense, the nature and severity of the offense, rehabilitation efforts, the amount of time since the offense occurred, and the offense's relationship to the essential duties of the position sought. You are not required to, nor should you, disclose any conviction that is "sealed," "expunged," "set aside," or "erased" under applicable law (i.e., a conviction record that is non-public and unreportable).

EDUCATIONAL EXPERIENCE

	High School	College/Undergraduate	Graduate/Professional
School name:			
Years completed (circle one):	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Diploma/degree earned:	N/A		
Major/courses of study:	N/A		
Honors received:	N/A		
GPA:			

Please describe any other education, training, apprenticeships, skills, or relevant extracurricular activities you would like us to consider, without disclosing any information that indicates race, sex, religion, or other protected status:

EMPLOYMENT EXPERIENCE

Please list all jobs you have previously held or currently hold, in reverse chronological order, starting with your present or last job. Do not write "see resume." You should include any military service and volunteer activities in which you received relevant job experience. If possible, do not disclose any organization names or other information that indicates race, sex, religion, or other protected status.

Employer:	Telephone: ()	Dates Employed		Job Duties/Achievements
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason For Leaving:				

Employer:	Telephone: ()	Dates Employed		Job Duties/Achievements
		From	To	

Address:			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
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Address:				
Job Title:		Hourly Rate/Salary		
		Starting	Final	
Supervisor:				
Reason For Leaving:				

You must attach separate sheet(s), if you have been employed by any other employer not listed above.

REFERENCES

Please exclude family members and supervisors listed above under your employment experience.

Name	Telephone	How do you know this person?

ADDITIONAL INFORMATION

Please state any additional information that you feel may be helpful to us in considering your application and suitability for the position you are seeking:

READ BEFORE SIGNING

1. I have provided complete, truthful, and accurate information in this application. I will inform the Company immediately if any information I have provided changes while my application is being considered. I understand that if any information in this application is found to be misrepresented, omitted or otherwise incorrect, it may result in rejection of my application or termination of employment.
2. I understand and agree that if I am employed, my employment with the Company will be "at-will," which means that either I or the Company may terminate my employment relationship at any time, with or without cause, and with or without advance notice. I understand that no one can modify the Company's "at-will" policy, except for the President of the Company in a specific contract.
3. I understand that any offer of employment I may receive may be conditioned upon me satisfactorily passing a pre-employment background check, physical examination, references check, drug test, and similar screening and also being able to verify my identity and authorization to work in the United States.
4. I authorize the Company, its affiliates, and their agents to make whatever inquiries deemed necessary in connection with my application and suitability for the position that I am seeking. As part of such inquiries, the Company, its affiliates, and their agents have my permission to contact persons and entities who may have information relating to my qualifications for employment. I agree to release and hold harmless the Company and all other persons and entities from any liability from any damages that may result from requesting or furnishing such information. I also waive written notice from my current employer and former employers regarding the disclosure of disciplinary reports, letters of reprimand, and other notices of disciplinary action contained in my personnel records.
5. I agree to file any claim or lawsuit in any way related to my application, my employment, or the cessation of my employment within 180 days after the claim arises, or within the applicable statutory limitations period, whichever is shorter. I acknowledge that the failure to do so will bar any claim I may have, and I waive any longer statutory limitations period to the contrary.
6. By signing below, I fully agree to the foregoing statements, which are contractual and agreed to in consideration of my employment candidacy. In the event that one or more of the foregoing statements contained in this application are declared unenforceable or void, the balance of the statements shall remain in full force and effect.

SIGNATURE OF APPLICANT

____/____/____
DATE