

**APPLICATION FOR EMPLOYMENT-GENERAL**

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 judgement, best meets your qualifications. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

**PERSONAL:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Application \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City/Township) (State) (Zip Code)

Telephone Number \_\_\_\_\_  
(Area Code)

E-Mail \_\_\_\_\_

Are you 18 years or older? Yes  No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire."

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: \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Positions applied for: \_\_\_\_\_

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

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

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

\_\_\_\_\_  
\_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual.

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

1	Employer	<u>Date</u>		<u>Work Performed</u>
	Address	From	To	
	Job Title	<u>Hourly Rate/Salary</u>		
	Supervisor	Starting	Final	
	Reason for Leaving			
2	Employer	<u>Date</u>		<u>Work Performed</u>
	Address	From	To	
	Job Title	<u>Hourly Rate/Salary</u>		
	Supervisor	Starting	Final	
	Reason for Leaving			
3	Employer	<u>Date</u>		<u>Work Performed</u>
	Address	From	To	
	Job Title	<u>Hourly Rate/Salary</u>		
	Supervisor	Starting	Final	
	Reason for Leaving			
4	Employer	<u>Date</u>		<u>Work Performed</u>
	Address	From	To	
	Job Title	<u>Hourly Rate/Salary</u>		
	Supervisor	Starting	Final	
	Reason for Leaving			

EDUCATION	Name/Location	Years Completed (circle one)	Diploma Degree	Course of Study
Elementary		1 2 3 4 5 6 7 8		
High School		9 10 11 12		
College		1 2 3 4 5		
Graduate		1 2 3 4 5		
Vocational/ Training		1 2 3 4 5		

Any other educational training? \_\_\_\_\_

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

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**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: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_ Expiration: \_\_\_\_\_

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, height, weight or age: \_\_\_\_\_  
\_\_\_\_\_

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

Name, address, and telephone number of the person to be notified in the event of accident or emergency: \_\_\_\_\_  
\_\_\_\_\_

Upon the signing of this application, I represent that all of the information now or hereafter given to me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the Company. 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 no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the Company to deduct from each and every pay period of my pay any amounts necessary to offset any damages caused by me or the value of the property or money entrusted to me by, or owed by me to the Company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date