

Application For Employment (At-Will)

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: _____ Soc. Sec. #: _____

Last First M.I.

Present Address: _____

Street City State Zip

Telephone #: Home (____) _____ Work (____) _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired: _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer: _____

Have you ever applied to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

* * *

Please read the following statement carefully before signing to indicate your understanding.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

As a condition of employment, I agree not to commence any action or suit relating to my employment relationship with the Company more than 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statute, which ever is less. Further, I agree to waive any statute of limitation exceeding 301 days.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

Signature Date

For Employer Use Only			
Interviewed By: _____	Date: _____	Hired: _____	Yes _____ No
Starting Date: _____	Position: _____	Wage: _____	