

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 of 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 know.

Position Applied for: _____ Date of Application: _____

Date You Can Start: _____

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 or _____ 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? _____

Have you ever been convicted of a crime except a minor traffic violation? Yes__ No __
 If so, please state citation, date and place where offense occurred.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

References: Three individuals not related to you, whom you have known for at least one year.

Name	Address and Phone	Relationship	Years Acquainted

Current and former employers: (most recent first)

Date Month / Year	Employer Name, Address, and Telephone	Salary Starting/Ending	Last Position Held/ Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

May we contact the employers listed? _____ YES _____ NO

If not which ones? _____

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

I certify that the facts contained in the 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 s for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with our 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 relation to my employment relationship with the Company more that 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statue, 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 accepted. To provide you with any and all applicable information they may have. I hereby release 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: _____