

Application for Employment

Equal Opportunity Employer

GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Telephone: () _____ Work Number: () _____ Call in confidence

Are you 18 years of age or older? **YES** **NO**

 If hired, can you provide written evidence that you are authorized to work in the U.S.?
 If the job you are applying for requires driving a vehicle, do you possess a valid Michigan license?
 Have you ever been convicted of a crime?
 Are there currently any felony charges against you?
 If yes to either above, please state date, place, & nature of conviction (a conviction does not constitute automatic bar from employment): _____

Have you ever worked for this Company before? Yes No Name if different than above: _____

Dates: From: _____ To: _____ Position: _____ Pay rate: _____

Reason for leaving: _____

EMPLOYMENT DESIRED

This application for employment will only be considered for the open position(s) listed, and will expire after the recruitment period is completed or the position is filled.

Job(s) currently applying for: 1. _____ Dept. _____
 2. _____ Dept. _____
 3. _____ Dept. _____

What kind of schedule are you available to work? Full-time Part-time Temporary On-Call Seasonal

Specify days and hours that you would **NOT** be available to work: _____

List any relatives currently employed with this Company: _____

EDUCATION

NAME OF HIGH SCHOOL, COLLEGE, TRADE, OR TECHNICAL SCHOOLS	# YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED/CERTIFICATIONS
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College, Trade, or Tech:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Branch:	From: To:	Rank at Discharge:	Training Received:

Please list any skills, abilities, training, etc. that you feel may be an asset. (Example: business machines, volunteer work, additional languages, clerical, etc.)

Please list any license, registration, certificate, etc. which is related to the job you are applying for: _____

Have you ever had a license, registration, certificate, etc. related to the position you are applying for suspended, revoked, placed on probation, or lapsed for any reason? Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely and accurately. "See Resume" is not acceptable.

Name and Address of Employer	Employment Dates From: / /	Pay Rate Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	Job Responsibilities: _____ _____
Position Held/Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	To: / /	End: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name and Address of Employer	Employment Dates From: / /	Pay Rate Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	Job Responsibilities: _____ _____
Position Held/Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	To: / /	End: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name and Address of Employer	Employment Dates From: / /	Pay Rate Start: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	Job Responsibilities: _____ _____
Position Held/Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	To: / /	End: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title:	Work Telephone:	Reason for Leaving: (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

PROFESSIONAL REFERENCES

List below the names of three persons who have direct knowledge of your skills, experience and fitness for the position or field for which you are applying.

Full Name	Business or Home Address	Occupation	Telephone Number

CERTIFICATION

Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status, genetic information or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position. If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, and Company from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

NOTICE: DRUG TESTING: It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

If hired, I promise to notify my immediate supervisor in writing promptly, if any license, registration, certificate, or any other credential required for any job in which I become employed lapses, is suspended, revoked, or placed on probation for any reason. I recognize and agree that failure to provide such notice may result in immediate dismissal. I have read, or have had read to me, and understand the above statement. I hereby certify that all information contained in this application is true, complete and accurate. **APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Thank you for considering us as a potential employer.

Applicant Signature: _____

Date: _____