

PLEASE PRINT ALL INFORMATION  
 REQUESTED EXCEPT SIGNATURES  
 PLEASE COMPLETE ALL FOUR PAGES



APPLICATION FOR EMPLOYEMENT  
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

This Company is a equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by applicable 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 the need is known or should have been known.

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

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

HOW LONG: \_\_\_\_\_

DAYS/HOURS YOU ARE AVAILABLE TO WORK \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?  Yes  No

POSITION APPLIED FOR: \_\_\_\_\_ CAN YOU WORK NIGHTS? \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_ IF YOU HAD TO WORK AN OFF SHIFT WOULD YOU PREFER 2<sup>nd</sup> OR 3<sup>rd</sup> ? \_\_\_\_\_  
(BE SPECIFIC)

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_ WHEN ARE YOU AVAILABLE FOR WORK? \_\_\_\_\_

EMPLOYEMENT DESIRED:  FULL-TIME- ONLY  PART-TIME ONLY  FULL-OR PART-TIME

ARE YOU LAWFULLY ENTITLED TO BE EMPLOYED IN THE UNITED STATES?  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS, TRADE, OR PROFESSIONAL SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT?  YES  NO

IF YES, PLEASE STATE THE NATURE OF OFFENSE(S), DATE(S) OF OFFENSE(S) AND PLACE OF OFFENSE(S) WAS/WERE IMPOSED \_\_\_\_\_

HAVE YOU EVER BEEN IN THE ARMED FORCES?  YES  NO

IF SO, WHAT BRANCH? \_\_\_\_\_

SPECIALTY \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_

WORK EXPERIENCE: (PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF EMPLOYED, GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP CODE: PHONE NUMBER: (        )	NAME OF LAST SUPERVISOR	EMPLOYEMENT DATES	PAY OR SALARY
		FROM TO	START FINAL
	YOUR JOB TITLE:		
REASON FOR LEAVING (BE SPECIFIC)			
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

NAME OF EMPLOYER: ADDRESS: CITY, STATE, ZIP CODE: PHONE NUMBER: (        )	NAME OF LAST SUPERVISOR	EMPLOYEMENT DATES	PAY OR SALARY
		FROM TO	START FINAL
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YOUR JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC)			
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Complete the following if the position requires a drivers license.

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

DO YOU HAVE A DRIVERS LICENSE?  YES  NO

DO YOU HAVE TRANSPORTATION TO WORK?  YES  NO

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE OF ISSUE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

TYPE OF LICENSE(CHECK ONE)  OPERATOR  COMMERCIAL (CDL)  CHAUFFEUR

HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE YEARS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE YEARS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME _____	NAME _____
POSITION _____	POSITION _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
_____	_____
TELEPHONE_(_____) _____	TELEPHONE_(_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying for.

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

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

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.

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 and waive any right that I might have to be provided with notice that they are releasing this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date