



## EMPLOYMENT APPLICATION FORM

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

Position Applied For: \_\_\_\_\_

Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Available Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

First Name

Middle Name

Last Name

**Current Address:**

Street: \_\_\_\_\_

City \_\_\_\_\_

State &amp; Zipcode \_\_\_\_\_ - \_\_\_\_\_

Phone Number 1: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Area Code

Phone Number

Cell

Home

Work

Phone Number 2: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Area Code

Phone Number

Cell

Home

Work

Are you 18 years or older? \_\_\_\_\_

Yes

No

Are there any hours or days of the week you cannot work? \_\_\_\_\_

Yes

No

If so, when? \_\_\_\_\_

Salaried Desired \_\_\_\_\_

Type of Employment Desired

Full-time

Part-time

Are you currently employed? \_\_\_\_\_

Where? \_\_\_\_\_

***Please list current and former employers on the next page starting with the most recent one first.***

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## EMPLOYMENT HISTORY

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### Employer 1:

Employer Name: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 May we contact employer?     Yes     No  
 Start Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    End Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Starting Salary:    \_\_\_\_\_    Ending Salary:    \_\_\_\_\_  
 Last Position Held/ Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### Employer 2:

Employer Name: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 May we contact employer?     Yes     No  
 Start Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    End Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Starting Salary:    \_\_\_\_\_    Ending Salary:    \_\_\_\_\_  
 Last Position Held/ Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### Employer 3:

Employer Name: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 May we contact employer?     Yes     No  
 Start Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    End Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Starting Salary:    \_\_\_\_\_    Ending Salary:    \_\_\_\_\_  
 Last Position Held/ Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### Employer 4:

Employer Name: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 May we contact employer?     Yes     No  
 Start Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    End Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Starting Salary:    \_\_\_\_\_    Ending Salary:    \_\_\_\_\_  
 Last Position Held/ Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### Employer 5:

Employer Name: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 May we contact employer?     Yes     No  
 Start Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    End Date:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Starting Salary:    \_\_\_\_\_    Ending Salary:    \_\_\_\_\_  
 Last Position Held/ Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

## EDUCATION BACKGROUND

| Education Type       | Name & Address of School | Number of Years Attended | Did you graduate? | Subject/Major |
|----------------------|--------------------------|--------------------------|-------------------|---------------|
| Elementary School    |                          |                          |                   |               |
| High School          |                          |                          |                   |               |
| College 1            |                          |                          |                   |               |
| College 2            |                          |                          |                   |               |
| Specialized Training |                          |                          |                   |               |

Do you have US Military experience?  Yes  No

Date Entered:      /      /      Branch:      Rank:      /

Date Discharged:      /      /      Honorably?  Yes  No

Are you a United States citizen?  Yes  No

Are you lawfully entitled to be employed in the United States?  Yes  No

If you answer "No" to the above question, please choose one of the following:

- Yes, I will require sponsorship.  
 No, I will not require sponsorship.

Explain: \_\_\_\_\_

Have you ever been convicted (not only a conviction but any type of plea including plea of no contest) of a crime (a misdemeanor or felony) except a minor traffic violation?

Yes       No

If so, please state citation, date and place where offense occurred:

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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.

| Description | Year Obtain | Years of Experience |
|-------------|-------------|---------------------|
|             |             |                     |
|             |             |                     |
|             |             |                     |
|             |             |                     |

**APPLICANT STATEMENT**

**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 administration of the test so that reasonable accomodation 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 and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

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.

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 you.

\*Employers specifically excepted: \_\_\_\_\_

|                         |                        |
|-------------------------|------------------------|
| Applicant Signature:    | Signature Date:<br>/ / |
| Applicant Name (print): |                        |

**~ FOR EMPLOYER USE ONLY - DO NOT WRITE UNDER THIS LINE ~**

Applicant Interviewed By: \_\_\_\_\_

Interview Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_

Hired?  Yes  No

Starting Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary/Wage: \$ \_\_\_\_\_

Salary/Wage Period:  Annual  Hourly

Salary Type:  Exempt

Other: \_\_\_\_\_