



**To The Applicant:** We appreciate your interest in our Firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

**PERSONAL**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you a U.S. citizen? Yes  No  (Not applicable in California)

Are you authorized to work in the United States? Yes  No

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_ Supervisor  
Name(s) \_\_\_\_\_

Have you filed an application before? Yes  No  If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

What method of transportation will you use to come to work \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full time  Part time  Other \_\_\_\_\_

If part-time, please specify hours and days desired: \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer.

Handicapped employees and applicants may request an accommodation of their handicap by notifying the firm in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the firm will preclude any claim that the employer failed to accommodate the handicapper.

**EMPLOYMENT EXPERIENCE** (List current or most recent job first)

<b>1</b>	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>2</b>	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>3</b>	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>4</b>	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

**EDUCATION**

	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/ Training				

Any other educational training: \_\_\_\_\_

**REFERENCES**

(Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes  No

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes  No  If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you been convicted of a crime? Yes  No

If so, where, when and nature of offense. \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_

State \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

Name, address of the person to be notified in the event of accident or emergency \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay, any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including but limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-placement and drug screen physical are known.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_