



Date of Application: _____

Application for Employment

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former associates and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, religion, color, sex, national origin, age, disability, or any other classification as proscribed by federal, state or local law.

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individuals knows or should know what accommodation is needed. This requirement does not apply to an individual right under the American with Disabilities Act. Failure to notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

PERSONAL

Last Name	First Name	M.I.
Address (Street, City, State, & Zip)		
Telephone Number	Social Security Number	

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 and friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) Applied for	Kind of work sought: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other <input type="checkbox"/> _____
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

EMPLOYMENT EXPERIENCE

1.	Employer	Date: From/To /	Duties Performed:
	Address	Salary: Starting/Final /	
	City, State, Zip	Job Title	
	Phone Number	Supervisor	
	Reason for Leaving		
2.	Employer	Date: From/To /	Duties Performed:
	Address	Salary: Starting/Final /	
	City, State, Zip	Job Title	
	Phone Number	Supervisor	
	Reason for Leaving		
3.	Employer	Date: From/To /	Duties Performed:
	Address	Salary: Starting/Final /	
	City, State, Zip	Job Title	
	Phone Number	Supervisor	
	Reason for Leaving		

EDUCATION

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

Other applicable 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, explain _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business, or civic activities and office held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight, or age _____

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

Name, address, and telephone number of the person to be contacted in the event of an 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, criminal history, or medical history (post-offer only), 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 my 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 and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. 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 firm 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 action or suit against the firm, its agents, or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not 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 non-statutory 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 such costs incurred by the firm in the results of my post-offer physical (if physical required) are known.

Date

Signature