

APPLICATION FOR EMPLOYMENT



PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY AND ATTACH (3) PROFESSIONAL REFERENCE

DATE: _____

PERSONAL INFORMATION

NAME: _____
FIRST MI LAST

ADDRESS: _____

CITY STATE ZIP CODE

CONTACT #: () E-MAIL: _____

ARE YOU UNDER THE AGE OF 18? NO YES – CAN YOU PROVIDE A WORK PERMIT: NO YES

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? NO YES

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES – PLEASE EXPLAIN: _____

EMPLOYMENT DESIRED

POSITION: _____ TYPE OF EMPLOYMENT DESIRED: PART-TIME FULL-TIME

AVAILABLE START DATE: _____ DESIRED SALARY/HRLY RATE \$ _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

CURRENTLY EMPLOYED: NO YES - MAY WE CONTACT YOUR CURRENT EMPLOYER? NO YES

EDUCATION HISTORY

NAME AND CITY	YEARS ATTENDED	DEGREE COMPLETED AND EMPHASIS
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HIGH SCHOOL: _____

COLLEGE: _____

TRADE/BUS SCHOOL: _____

CERTIFICATIONS/SPECIALIZED TRAINING: _____

US MILITARY/NAVAL SERVICE AND RANK: _____

EMPLOYMENT HISTORY

PLEASE LIST YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME AND TYPE OF BUSINESS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER: _____

DATES OF EMPLOYMENT: _____ - _____ POSITION HELD: _____

ADDRESS: _____

PHONE #: (_____) _____ SUPERVISOR NAME/TITLE: _____

SALARY: _____ REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____

DATES OF EMPLOYMENT: _____ - _____ POSITION HELD: _____

ADDRESS: _____

PHONE #: (_____) _____ SUPERVISOR NAME/TITLE: _____

SALARY: _____ REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____

DATES OF EMPLOYMENT: _____ - _____ POSITION HELD: _____

ADDRESS: _____

PHONE #: (_____) _____ SUPERVISOR NAME/TITLE: _____

SALARY: _____ REASON FOR LEAVING: _____

RESPONSIBILITIES: _____

_____ MAY WE CONTACT THIS EMPLOYER? YES NO

LIST ANY ADDITIONAL SKILLS THAT MAY BE RELEVANT TO POSITION: _____

DATE: _____

POSITION: _____

NAME: _____
FIRST MI LAST

I HEREBY AUTHORIZE THE POTENTIAL EMPLOYER TO CONTACT, OBTAIN, AND VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND REFERENCES. I ALSO HEREBY RELEASE FROM LIABILITY THE POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSONS OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WHENEVER IT MAY BE DISCOVERED.

IF I AM EMPLOYED, I ACKNOWLEDGE THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

APPLICANT SIGNATURE: _____ DATE: _____

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, NATIONAL ORIGIN, AGE, OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH US DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.