

PLEASE FILL OUT IN DETAIL, READ AND SIGN SECOND PAGE

POSITION APPLIED FOR			SALARY EXPECTED		DATE OF APPLICATION				
LAST NAME (PLEASE PRINT)			FIRST		MIDDLE		TELEPHONE WITH AREA CODE		
STREET ADDRESS						APT #		16 YEARS OLD (OR OLDER)? YES NO	
CITY						STATE		ZIP	
18 YEARS OLD (OR OLDER)? YES NO									
EMAIL ADDRESS									

EDUCATIONAL HISTORY					
School	No. of Years Completed	Name and Location of School	Major Course of Study	Average Grades	Did you Graduate?
High School					YES NO
College or University					YES NO
Other					YES NO

What school activities and organizations including athletics did you participate in?

What scholastic honors did you receive?

Have you ever been convicted of a felony? YES NO If yes, explain in detail on reverse side.		Do you speak, read or write any language other than English? YES NO		If yes, please specify language		Are you fluent? YES NO		
HAVE YOU EVER BEEN EMPLOYED HERE? YES NO		WHEN?		RELATIVES EMPLOYED HERE NOW?		Through what source did you hear of us?		
DO YOU HAVE A VALID MI DRIVER'S LICENSE YES NO								
MILITARY SERVICE BRANCH M.O.S.		Service Schools Attended			Dates of Service From To		RANK	

EMPLOYMENT HISTORY (START WITH THE MOST RECENT FIRST)					
1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rates/Salary		
			Starting	Final	
	Job Title				
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rates/Salary		
			Starting	Final	
	Job Title				
Reason for Leaving					

3.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Do we have permission to check all information?      YES      NO      Do you have the required documents to permit you to work?      YES      NO

Indicate any of the above employers whom you do not wish us to contact

What other special qualifications do you have not listed above?

Briefly state why you would like to work with our company:

What are your future career plans/ hopes/ desires (responsibilites, wages, salary, etc.)?

What are your future educational plans/ hopes/ desires?

Explanation of felony

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

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 background, including but not limited to, my employment, driving record, 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 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 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 owned by me to, the firm during the course of my employment.

I agree that any 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 day of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. 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 all such 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 post-offer physical (if such physical is required) are known.

Signed

Date