



## APPLICATION FOR EMPLOYMENT

**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 judgment, 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.

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### PERSONAL

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

Address \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Are you 18 years of age or older? Yes  No

Are you legally eligible for employment in the United States? Yes  No   
You will be required to provide acceptable documentation of eligibility within 3 working days of your hire.

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_ and names of Supervisors:

\_\_\_\_\_

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

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

Do you have reliable transportation to come to work? Yes  No   
Prompt and regular attendance is a condition of employment

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### EMPLOYMENT DESIRED

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

Type of work sought: Full-time  Part-time  Other

If part-time or other please specify hours, days or duration of time available \_\_\_\_\_

If shifts are available, do you have a preference? A.M.  P.M.  NO PREFERENCE

Please identify any special skill or training you have that relates to the position(s) applied for: \_\_\_\_\_

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

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Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, 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 individual knows or should know that an accommodation is needed. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.



## EDUCATION

Type of Institution	Name & Location of School	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational/Trade				
Graduate Work				

Describe any special courses, seminars, other training or certifications you've received that may enable you to perform the position for which you are applying:

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## REFERENCES (Do not include relatives)

Name	Address	Phone Number	Years Acquainted

## ADDITIONAL INFORMATION

Have you been convicted of a felony within the last 7 years? Yes  No

If yes was checked, please, indicate where, when and nature of the offense: \_\_\_\_\_

If you are applying for a potential driving position, answer the next question.

Do you have a valid driver's license Yes  No  Please identify the type of endorsement \_\_\_\_\_

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

Name and contact number of person to be notified in the event of an 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 for employment 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 hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. I understand that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I understand I will serve at the will of the firm and I agree that I shall be bound by the rules, policies and regulations of the firm as they are from time-to time changed with or without notice to me. I understand that either party may terminate the employment relationship, with or without cause, at any time, for any reason. I hereby authorize the firm to deduct from each and every period of 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 understand that these arrangements may only be altered in writing directed to me personally by the President of the firm. I further understand that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

# FOR INTERVIEWER'S USE

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments : \_\_\_\_\_

\_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments : \_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments : \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

HIRED: Yes  Starting Date \_\_\_\_\_ Department \_\_\_\_\_ Job Title \_\_\_\_\_

No

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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APPROVED:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_