



APPLICATION FOR AT WILL EMPLOYMENT:

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by the State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

DATE YOU CAN START: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: _____
HOME CELL

ARE YOU 18 YEARS OR OLDER? _____

ARE THERE ANY HOURS OR DAYS OF THE WEEK YOU CANNOT WORK? _____

IF SO, WHEN: _____

SALARY DESIRED: \$ _____ TYPE OF EMPLOYMENT: _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY? _____ WHEN? _____

WHICH DIVISION? _____

CURRENT AND PREVIOUS EMPLOYERS: (Most Recent Listed First)

DATES:	NAME:	ADDRESS:	POSITION:	REASON FOR LEAVING

MAY WE CONTACT THE EMPLOYERS LISTED? _____

IF NO, PLEASE SPECIFY _____

EDUCATION:

	NAME OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT/ MAJOR
HIGH SCHOOL				
COLLEGE				
TRAINING				

DO YOU HAVE US MILITARY EXPERIENCE? _____ DATES OF ENLISTMENT _____

BRANCH: _____ RANK: _____ DATE OF DISCHARGE: _____

ARE YOU LAWFULLY ENTITLED TO BE EMPLOYED IN THE UNITED STATES? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, NOT INCLUDING A MOVING VIOLATIONS? _____

IF YES, PLEASE EXPLAIN AND INDICATE HOW MANY: _____

HOW MANY ABSENCES HAVE YOU INCURRED IN THE PREVIOUS 12 MONTHS OF EMPLOYMENT? _____

REFERENCES:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

EMERGENCY CONTACT: _____
NAME

ADDRESS TELEPHONE

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY PRIOR TO SIGNING TO INDICATE YOUR UNDERSTANDING:

I certify that the facts contained within this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application may result in termination. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any, with or without notice. I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers, except those specifically exempted to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

Date: _____ Signature: _____

EMPLOYER USE ONLY

INTERVIEWED BY: _____ DATE: _____

STARTING DATE: _____ POSITION: _____

WAGE: _____

Submit Application

