



2450 Union Lake Rd.
 Commerce Township, MI 48382
 (248) 363-4157

APPLICATION FOR EMPLOYMENT

DL#

Name _____ Social Security Number _____
Last First Middle

Address _____
Number Street City County

State and Zip Code _____ Current phone or nearest phone _____

Previous Address _____

If hired, can you furnish proof of age? Yes No
Number Street City State Zip Code

Are you a U.S. Citizen? Yes No If no, are you an Alien legally entitled to work in the U.S.? Yes No

Answer only if position for which you are applying requires driving:
 Are you licensed to drive a car? Yes No Is your license valid in this state? Yes No

EDUCATION	School Attended	No. of Years	Name of School	City/State	Graduate	Course or College Major	Average Grades
	Sr. High						
	Tech						
	College					Degree:	
	Other						

U.S. MILITARY SERVICE	Branch Of Service	Date Entered Service	Date of Discharge	Highest Rank Held	Service-Related Skills and Experience Applicable to Civilian Employment

What experience or training have you had other than your work experience, military service and education?

am seeking Temporary Employment Regular Employment
 temporary, indicate dates available _____
 am available for Part Time Employment Full Time Employment
 part-time, indicate maximum hours per week: _____
 re there any hours or days during the week when you would not be available to work? Yes No
 yes, explain: _____

ave you been convicted of, or pled guilty to, a crime during the past seven years? You do not need to identify any conviction that has been legally sealed, expunged, pardoned or otherwise statutorily eradicated, and can respond to this question without reference to any such conviction. Yes No
 yes, explain. A conviction will not necessarily disqualify you from employment, but will be considered only as it may relate to the job you are seeking.

HISTORY

YOUR EMPLOYERS: USE THE REMAINING SPACES FOR PERSONAL REFERENCES. IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN IF APPLICABLE. ENTER SERVICE IN THE ARMED FORCES ON THE REVERSE SIDE.

NAME AND ADDRESS OF FORMER EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT

NOTE: State reason for and length of inactivity between present application date and last employer.		Nature of Employer's Business	Starting Date	Date of Leaving	Name of your Supervisor	What kind of work did you do?	Pay at Leaving	Why did you leave? Give details
Name	Address		Month Year	Month Year			Per Week	
City	State		Year	Year				
NOTE: State reason for and length of inactivity between periods of active employment.								
Name	Address		Month Year	Month Year			Per Week	
City	State		Year	Year				
NOTE: State reason for and length of inactivity between periods of active employment.								
Name	Address		Month Year	Month Year			Per Week	
City	State		Year	Year				
NOTE: State reason for and length of inactivity between periods of active employment.								
Name	Address		Month Year	Month Year			Per Week	
City	State		Year	Year				
NOTE: State reason for and length of inactivity between periods of active employment.								

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with Company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company other than the President or Vice President of the Company has the authority to enter into any agreement for employment for any specified periods of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have an applicant's written permission before obtaining consumer reports or police records on an individual, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit to a pre-employment/post-offer SUBSTANCE ABUSE TEST.

Applicant's Signature _____ Date _____

NOT TO BE FILLED OUT BY APPLICANT

Hire Date	Refire Date	Applicant ID No. / IAM CID No.	Physical examination scheduled for	REFERENCE REQUESTS	Date Requested	Date Completed
Full-time <input type="checkbox"/>	PTBE <input type="checkbox"/>	Physical examination completed	Substance abuse test results received	CONSUMER REPORT		
Dept. or Div.	PTPB <input type="checkbox"/>	Substance abuse test scheduled for	Timecard Prepared	MVR Requested for Driver		
Job Title	PTNB <input type="checkbox"/>	Tempcard Prepared	Social Security Card Copied	Federal Withholding Tax (W-4)		Completed <input type="checkbox"/>
Job Code	PTMB <input type="checkbox"/>	Minor's Work Permit	Employee Handbook Given	State Withholding Tax		Completed <input type="checkbox"/>
Compensation Arrangement/Rate	Hourly <input type="checkbox"/>	Proof of Age				
Manager Approving	Monthly <input type="checkbox"/>	19 Completed				
Date Approved		Location Name and Code				