



APPLICATION FOR EMPLOYMENT

6875 Dutton Industrial Drive S.E. Dutton, MI 49316
 (616) 698-6397 - Main

PERSONAL INFORMATION	
Name:	Phone:
Address:	Cell Phone:
City, State, Zip:	Are you 18 years or older: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a legal right or work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
** Before an applicant can be hired by this Company, the applicant must produce documentation to establish his or her lawful right to work in the United States.	

POSITION DESIRED	
Position:	Date you can start: Wage Desired:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referred by:	Friends or relatives employed by us:

EDUCATION				
	Name, City, State	No. of years attended	Did you graduate	Subjects taken
High School				
College				
Trade School				

GENERAL	
Kind of work sought? <u>Full-time</u> or <u>Part-time</u> ? If Part-time were available, what days and hours would you be available?	
Monday____ Tuesday____ Wednesday____ Thursday____ Friday____ Saturday____	
Are you able to do the essential functions of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, what are the applicable functions:	
Subjects of special interest or training:	
Other beneficial job skills:	
Activities and special interests:	
US Military Service?	Rank: Dates:
Presently in the National Guard?	Do you have a valid drivers license? CDL?

REFERENCES				
Name	Phone No.	Address	Business	Years Known

FORMER EMPLOYERS (List last 3 employers)

Month and year	Name, address & Phone	Salary/Wage	Type of Work	Why Left?
From:				
To:				
From:				
To:				
From:				
To:				

Which of these did you like best?

What did you like most about this job?

How much time have you lost from work or school during the last two calendar years for reason other than vacation or holidays?

Year:	No. of days	Year:	No. of days
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Do you have any activities, commitments or responsibilities which might in any way restrict the hours or days you can work? Yes No

If yes, please explain:

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement or been terminated from any job? Yes No

If yes, please explain:

Have you ever been convicted of any crime other than a routine traffic offense or are you currently under indictment or charges with a felony?

Yes No

If yes, Please explain:

"I certify that all the information submitted by me on the applications is true and complete, and I understand that such information may be investigated and that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if am employed, my employment may be terminated at any time.

I authorize the references listed in this application for employment, and any prior employer, educational institution, or any persons or organizations to give this company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing such information to you. I hereby waive written notice that employment information is being provided by any person or organization. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time by the Company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that if hired I will be an at-will employee and that my employment can be terminated at any time, with or without cause and with or without notice, at the option of either the Company or myself.

Limitations of Claims: I agree that any action or lawsuit against the Company and/or its agents arising out of my employment or termination of employment that is not covered by the arbitration provisions contained in the employee handbook, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit that is not covered by the arbitration provisions contained in the employee handbook, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

Authorization to Work: If I am selected for hire, I agree to certify and produce documentation that am authorized to work as required by the Immigration Reform and Control Act of 1986.

Need for Accommodation: If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, understand that I must notify the Company of this need. Failure to do so in writing within 182 days after I know or reasonably should have known that an accommodation is needed may bar me from alleging that the Company has not accommodated me as required by law.

Drug Testing: If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis through a licensed testing facility. In addition, the Company is authorized to obtain the results (including refusals) from each of my prior employers and companies where I have applied and been subject to testing procedures over the past two years. I understand that any offer of employment by the Company will be contingent on the results of an alcohol and drug screening and prior test results or refusals.

Physical Exam and Release of Medical Information: I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor to provide all information including but not limited to medical and lab reports, X-rays or clinical abstracts relating to my previously health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.

Security: I agree that the contents of any offices, work spaces, desks, lockers, computer and computer generated data, any Company property I may be using, as well as my person and any property I bring onto the Company's premises, may be inspected by the Company at any time, and I waive and promise not to make any claims against the Company (or its employees or agents) relating to such inspections. I agree that, except as directed otherwise in writing by the Company, I will not disclose to anyone or use for my own purposes, any of the Company's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to the Company all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Hired: Yes No Start Date: _____ Pay Rate: _____ Review and Raise: _____ Position: _____