



**\*PERSONAL INFORMATION\***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last First M.I.

Current Address: \_\_\_\_\_  
 Street City State Zip

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ If under 18, can you furnish a work permit?  Yes  No  N/A  
 (18 years or older)

Are you legally eligible for employment in this country?  Yes  No  
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you been previously employed by this company?  Yes  No When? \_\_\_\_\_

Employment desired:  Full Time  Part Time  Other Are you willing to work overtime as required?  Yes  No

Can you perform the essential functions of the job with or without reasonable accommodation?  Yes  No

Are you able to work:  Days  Afternoons  Nights  Weekends

List days and hours available (Also, indicate those you cannot or will not work). If employed, I will notify my supervisor in writing, should my availability change.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Have you ever been convicted of a felony?  Yes  No

If yes please explain: \_\_\_\_\_

(A YES response does not automatically disqualify a job applicant from further consideration.)

**ADDITIONAL QUESTIONS FOR DRIVING POSITIONS ONLY**

If applying for a position that requires driving do you have a valid driver's license?  Yes  No

If applying for a position that requires driving, have you ever been ticketed for a moving traffic violation?  Yes  No

**\*EDUCATION\***

*You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.*

Level	Name and Location	Years Attended	Graduate	Subjects
High School				
College				
Other Trade, Business, or School				

**\*WORK EXPERIENCE\***

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

May we contact this employer?  Yes  No Start Pay: \_\_\_\_\_ End Pay: \_\_\_\_\_

**\*WORK EXPERIENCE CONTINUED\***

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
May we contact this employer?  Yes  No Start Pay: \_\_\_\_\_ End Pay: \_\_\_\_\_

**Personal/Work References-** We will assume we have permission to contact these people unless you indicate to the contrary.

Name _____ Address _____ _____ Phone # _____ Business or Position _____ Years Known _____	Name _____ Address _____ _____ Phone # _____ Business or Position _____ Years Known _____	Name _____ Address _____ _____ Phone # _____ Business or Position _____ Years Known _____
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

**\*EMPLOYEE DEDUCTION AUTHORIZATION\***

If upon termination, any loan or payment toward said loan outstanding, or any other monies or payments are due to The Company or Client, I authorize The Company to deduct the total amount from my final paycheck.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*NOTICE OF DRUG TESTING\***

The Company may conduct drug testing of the job applicants. Should you be considered for employment by this company, you may be contacted regarding the time and location of the pre-employment drug test. Refusal to take the drug test or failing the drug test will disqualify you from further consideration for a position.

**\*AUTHORIZATION AND UNDERSTANDING\***

I certify that the information given herein is true and complete without qualification. I understand The Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interview and I authorize The Company to do the same. This inquiry may include information as to my character, general reputation, and personal characteristics, and I consent to the inquiry. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability from damages in providing this information. I understand and acknowledge that The Company will terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

If terminated, I authorize The Company to use any information in the possession concerning me for reference purposes and/or if legally required to furnish any information including disclosure of information to a third party, future employer or prospective employer, without receiving any prior notice, and I release The Company from any liability in connection with such use or disclosure.

In consideration of my employment I agree to conform to the rules and regulations of The Company and the directions of its supervisors. I understand and acknowledge that if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of The Company and can be terminated without cause, and with or without notice, at any time at the option of either The Company or myself. I further understand and agree that no manager, representative, agent or employee of The Company other than the owners, has now or has had in the past any authority to enter into any agreement for employees for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the owners of The Company in order to be effective. I further understand that my employment is conditional until such time as the result of a pre-employment drug testing if any is required, are known. I also understand and acknowledge that as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination at the employer's discretion and expense. Employer may request an employee to take a random drug test throughout employment, or after an injury at work, and I agree and acknowledge that the refusal to any such drug test or the failing of any such drug test will result in termination of my employment.

I acknowledge the co-employer relationship between The Company and Client and I agree and acknowledge that The Company obligation to pay payroll, my payroll, and other employment benefits only arises when it receives funds from the client which includes a specific discretion to pay my payroll and other employee benefits and that, otherwise, I agree and acknowledge that the obligation to pay my payroll and other employment benefit shall remain with Client. I understand and agree that the co-employment relationship between The Company shall automatically terminate without the necessity of notice to the employee whenever the contract between The Company and Client terminates, at which time the employee shall be employed solely by Client.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*The Company\***

**An Equal Opportunity Employer**

The Company is an equal opportunity employer and therefore complies with the law prohibiting discrimination on such factors as race, age, color, religion, sex, national origin, marital status, or handicap. Under the Michigan's Handicappers' Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege against an employer regarding failure to accommodate his or her handicap only if the handicapper notifies the employer in writing the need for accommodation with 182 days after the handicapper knew or reasonably knew or reasonably should have known that an accommodation was needed.

**\*For Internal Use Only\***

Interviewed by: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Position: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_ hr / week