

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

We will not discriminate based upon race, color, religion, sex, pregnancy (including pregnancy-related and childbirth related condition), national origin, citizenship, age, height, weight, marital status, veteran status, disability, genetic information, or any other protected category. Individuals with disabilities may request accommodation in the application process.

Name _____ Social Sec. No. _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE ZIP

Permanent Address _____
STREET CITY STATE ZIP

Phone No. (____) _____ Email Address: _____ Referred by? _____

Are you 18 years or older? Yes No Are you currently authorized to work in the United States? Yes No

Do you have reliable transportation? Yes No

Have you ever been convicted of, or pleaded guilty or no contest to, a crime? Yes No If so, when? _____
Where? _____ What was the nature of the offense? _____

U.S. Military or Naval Service _____ Rank upon Discharge _____ Type of Discharge _____

Duties: _____

*NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered. Nor will a dishonorable discharge from the military necessarily be a bar to employment.

Employment Desired

Position Applied For. _____ DATE YOU CAN START _____ SALARY DESIRED _____

Ever applied to this Company before? Yes No Where? _____ When? _____

Education

NAME & LOCATION	NUMBER OF YEARS YEARS ATTENDED	DID YOU GRADUATE GRADUATE?	REASON LEAVING?
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HIGH SCHOOL

COLLEGE

OTHER

FORMER AND CURRENT EMPLOYERS

LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS (If employed, list most recent employer first)

NAME & ADDRESS OF EMPLOYERS	SALARY	POSITION	STATE EACH & EVERY REASON FOR LEAVING AND/OR TERMINATION OF EMPLOYMENT	NAME & PHONE NUMBER OF IMMEDIATE SUPERVISOR
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1. _____

Dates of Employment From	TO	NAME & ADDRESS OF EMPLOYERS	SALARY	POSITION	STATE EACH & EVERY REASON FOR LEAVING AND/OR TERMINATION OF EMPLOYMENT	NAME & PHONE NUMBER OF IMMEDIATE SUPERVISOR
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2. _____

Dates of Employment From _____ TO _____

3. _____

Dates of Employment From _____ TO _____

4. _____

Dates of Employment From _____ TO _____

**BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE
(REQUEST EXTRA PAPER IF NECESSARY)**

REFERENCES: LIST PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	TYPE OF BUSINESS	YEARS ACQUAINTED
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

I authorize the references and employers listed above to provide you any and all information concerning my previous employment and any pertinent information they may have, and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive any written notice of the release of such information to the Company.

Signature _____ Date _____

1. I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports). I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries. I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Signature _____ Date _____

2. Information contained in reports obtained by the Company in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Company completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received. I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature: _____ Date _____

3. I certify that the information in this application is complete and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or termination of any employment if I am hired.

Signature: _____ Date _____

4. Under Michigan law, handicapped/disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should reasonably know that an accommodation is needed (this requirement does not apply to an individual's rights under the federal *Americans With Disabilities Act*). Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual under Michigan law.

Signature: _____ Date _____

5. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I agree that my employment, compensation and/or benefits can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of the Company and any such agreement must be made in writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature: _____ Date _____

6. I agree and understand that any action, suit, or charge against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal Civil Rights statutes, must be brought within 180 days of the event, giving rise to the claims or be forever barred. I waive any limitations periods exceeding 180 days. I understand and agree any shorter limitation periods will still control. I also agree that all such claims against the Company, its officers, directors and employees, arising out of this Application, my employment or termination of employment shall be decided by a judge and not a jury. **By signing this Application and in consideration of my Application**, I specifically waive my right to have a jury decide the outcome of any such claims. I further agree that I will not join any such claims with those of any other individual or entity.

Signature: _____ Date _____

7. I certify that I am not currently bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed by the Company.

Signature: _____ Date _____

8. I understand and agree that the Company may require applicants for employment to undergo testing for alcohol, controlled substances and metabolites of controlled substances, and such testing will generally be conducted after a conditional offer of employment has been made. I understand and agree that I must execute related consent forms for testing, provide a urine and/or blood specimen for testing, and pass any required test. I understand and agree that failure to cooperate and/or a positive test result will result in immediate disqualification from further consideration of employment and/or termination of employment (if applicable).

Signature: _____ Date _____

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