APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, sexual orientation, gender identity, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

PERSONAL			
Name	Date of Application		
(Last) (First) (Middle)			
Address(Street)	(City)	(State)	(ZIP)
Telephone Number (with area code)	Social Se	curity Number	
Are you 18 years or older? Yes \(\square \) No \(\square \) Are y	you a U.S. citizen? Yes	No [(not applicable	in California)
Are you authorized to work in the United States? Yes	□ No □		
Have you been previously employed here? Yes \(\sigma\) No	If yes, date(s)		
Supervisor Name(s)			
Have you filed an application before? Yes \(\square\) No \(\square\)	If yes, date(s)		
List any friends or relatives working here			
What method of transportation will you use to come to	work?		
EMPLOYMENT DESIRED:			
Position(s) applied			
Kind of work sought: Full time Part time Other	r 🗌		
Do you have any special training, skills, qualifications of	or other experiences that rela	ate to the position(s) appli	ed for?
Salary desired	_ Date available to work _		

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE: (List current or most recent job first)

Date	erformed
Address From To	
City State Zip	
Phone Number (with area code) Hourly Rate/Salary	
Job Title Starting Final	
Supervisor Reason for Leaving	
	erformed
Date Address	errormed
From To City State Zip	
Phone Number (with area code)	
2 Hourly Rate/Salary Job Title	
Starting Final Supervisor	
Reason for Leaving	
	erformed
Date Date	rionied
From To City State Zip	
Phone Number (with area code) Hourly Rate/Salary	
Job Title Starting Final	
Supervisor	
Reason for Leaving	

List Any other positions held on a separate sheet

EDUCATION	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
High School				
College				
Graduate				
Apprenticeship & Vocational Training Certifications				

REFERENCES (Do not include relatives or former employers) Phone Years Name Address Acquainted Number 3 MILITARY SERVICE RECORD Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No If yes, what branch? Are you in the reserves? Yes No If yes, date obligation ends Special/technical training ADDITIONAL INFORMATION Do you have a valid driver's license? Yes No License No. List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital or veteran status, height, weight or age____ State any additional information that you feel may be helpful to us in considering your application. Name, address, and telephone number of the person to be notified in the event of accident or emergency **AUTHORIZATION AND UNDERSTANDING:** Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the FEOC. Lagree that any false information in support of my application may subject me to discharge at any time during the period of EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives. I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date Signature

Equal Employment Opportunity Questionnaire

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

In order to evaluate our progress as an Equal Opportunity Emquestionnaire.	ployer, we are asking applicants to complete this
INFORMATION PERTAINING TO SEX AND RACE/ETHN INFORMATION PERTAINING TO VETERAN STATUS IS ADVERSE TREATMENT.	NIC HERITAGE IS REQUESTED AND VOLUNTARY. S VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY
Confidential Applicant Information: Female M	fale
Race/Ethnic Heritage (Please check one). If two or more categori	ies apply, choose the one with which you most clearly identify.
Hispanic or Latino	-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino)	-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (Not Hispanic or Latino)	-A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (Not Hispanic or Latino)	- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino)	- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	- All persons who identify with more than one of the above five races.
Other	
*If you choose not to self-identify your race/ethnicity, the federal g survey and/or other available information.	overnment requires the employer to determine this information by visual
Are you a Veteran of the United States Military Armed Forces?	Yes No
Applicant Name (Print)	Applicant Signature

Revised 10/7/2015