

Application for Employment (please print clearly)

EMPLOYER SECTION (to be completed by your employer)

Company Name _____

Employees Dept. Code _____ Job Title/Duties _____

Pay information Rate/Salary \$ _____ (check one) Hourly ___ Annual Salary ___

Start Date: _____ Status: ___ Full Time ___ Part Time ___ Contingent



EMPLOYEE SECTION

A). GENERAL INFORMATION

Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Social Security Number _____ - _____ - _____ Drivers License # _____

Date started with current company: _____

If under 18 years old please indicate your age _____ (if under 18, please attach work permit)

Have you ever been convicted of a felony or are there any felony charges pending against you?

___ No ___ Yes (if yes please explain) _____

Who should we contact in case of an emergency?

Name: _____ Phone Number – Daytime: _____ Evening: _____

Address: _____

City _____ State _____ Zip Code _____

The company, its affiliate corporations and clients (the “co-employers”) are an Equal Opportunity employer and therefore comply with the law prohibiting discrimination on such factors as race, color, religion, sex, national origin, marital or veteran status, or disability.

Under the Michigan 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 a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation with 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

-Over-

B). Employment History: *List most recent employer first*

Dates (Month & Year)	Employer's name, address, phone number	Supervisors name Position(s)
From:		
To:		
Reason for leaving:	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	
From:		
To:		
Reason for leaving:	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	
From:		
To:		
Reason for leaving:	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	

C. EDUCATION:

High School Attended: _____ Diploma: yes no

College /Trade School Attended: _____ Degree/Diploma: yes no

Address: _____ Date graduated: _____

AUTHORIZATION AND UNDERSTANDING

- I certify that the information given herein is true and complete without qualification. I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize the Company to do the same. This inquiry may include information as to my character, general reputation, credit history and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, companies, institutions, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the Company can 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 its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any 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. I further agree to return all company owned/issued property, uniforms, equipment, etc.
- 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, with or without cause, and with or without notice, at anytime at the option of either the Company or myself. I further understand and agree that no manager, representative, agent or employee of the Company, has now or has had in the past any authority to enter into any agreement for employment 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 President of the Company in order to be effective.
- I further understand that my employment is conditional until such time as the results of any 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 examinations at the employer's discretion and expense.
- Trade Secrets: The term "Confidential Information" means all information belonging to or used by the company or its clients related to procedures, policies, business strategies, pricing, customer information, billing, employee lists, technology, software source codes, programs, costs, marketing plans, proprietary information and trade secrets of every kind and character. By virtue of being employed by the Company, certain confidential information has and will be disclosed to me. These disclosures are made solely to assist me in the performance of my duties and responsibilities. My right to use confidential information and tot the extent thereof is at the Company's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with the Company, disclose any confidential information for any reason or purpose contrary to the interest of the Company of the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to the Company or the client's business.

I have read and agree to the terms of each and all of the above five - (5) individual statements:

Applicant Signature: _____ Date of Signature: _____