



Corporate Office
 9195 Marine City Highway
 Fairhaven, MI 48023
 P. 586.725.8373
 F. 586.725.1450
 TF. 888.334.8373

Lansing Division
 1244 Mason Ct.
 Webberville, MI 48892
 P. 517.521.4992
 F. 517.521.4995
 TF: 888.334.8373

APPLICATION FOR EMPLOYMENT

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

PERSONAL

Last Name				First Name				Date		
Address					Apartment/Unit#					
City				ST		ZIP				
Phone	E-mail Address				Date Available?					
Soc. Sec. #										
Are you a citizen of the United States?		Yes	No	Are you 18 years or older?		Yes	No			
Have you filed an application before?		Yes	No	If yes, when (Date)?						
Do you know anyone currently working here?		Yes	No	If yes, who?						
If hired, will you have reliable transportation, understanding that your work location may frequently change?							Yes	No		

EMPLOYMENT DESIRED

Position applied for			Kind of work sought	Full-time	Part-time					
Do you have any special training, skills, qualifications, or other experiences that relate to the positions applied for?										
Salary Desired:	Annual	Per Hour	\$							
Location desired			Fair Haven	Webberville						

MILITARY SERVICE RECORD

Have you had experience in the Armed Forces of the United States or in the State National Guard?							Yes	No		
If yes, what branch?					Rank at discharge					
Date of discharge		Are you in the reserves?		Yes	No	If yes, end date				
Special/technical training?		Yes	No	If yes, what?						

ADDITIONAL INFORMATION

Have you been convicted of a crime? If so, where when and nature of offense							Yes	No		
If yes, please give an explanation:										
Do you have a valid driver's license?		Yes	No	If yes, indicate State						

EMPLOYERS MUST MAKE REASONABLE ACCOMODATIONS FOR QUALIFIED INDIVIDUALS WITH DISABILITIES IN THE APPLICATION PROCESS AND DURING EMPLOYMENT. UNDER MICHIGAN LAW ONLY, A DISABLED INDIVIDUAL NEEDING AN ACCOMODATION MUST SIBMIT A WRITTEN REQUEST WITHIN 182 DAYS OF THE DATE THE INDIVIDUAL KNOWS OF THE NEED FOR ACCOMODATION. THERE IS NO SIMILAR REQUIREMENT UNDER THE AMERICANS WITH



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DISABILITEIS ACT, ALTHOUGH FAILURE TO NOTIFY THE COMPANY OF THE NEED FOR ACCOMODATION MAY PRECLUDE A CLAIM THAT THE COMPANY FAILED TO PROVIDE REASONABLE ACCOMODATION.

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? Yes No

EMPLOYMENT EXPERIENCE

Can we contact your current employer? Yes No Please list all previous employers (most recent first):

Employer Name				Street, City, State			
Phone		Job Title		Supervisor			
Work performed							
Reason for leaving							
Date started				Date ended			
Starting wage	\$			Final wage	\$		
Employer Name				Street, City, State			
Phone		Job Title		Supervisor			
Work performed							
Reason for leaving							
Date started				Date ended			
Starting wage	\$			Final wage	\$		
Employer Name				Street, City, State			
Phone		Job Title		Supervisor			
Work performed							
Reason for leaving							
Date started				Date ended			
Starting wage	\$			Final wage	\$		

EDUCATION

High School

Name			Location (City, ST, ZIP)		
Years completed		Diploma/degree			

College

Name			Location (City, ST, ZIP)		
Years completed		Diploma/degree			



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Other Education

Name	<input type="text"/>	Location (City, ST, ZIP)	<input type="text"/>
Years completed	<input type="text"/>	Diploma/degree	<input type="text"/>

REFERENCES

List 3 persons familiar with your character, ability or education for more than 1 year. Please do not include relatives:

Name	<input type="text"/>
Phone	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>

AUTHORIZATION AND UNDERSTANDING

I certify that all information given in this application is true and complete. I authorize the company to investigate my work and personal history and verify all data given on this application and in interviews. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employer’s names except as specifically limited on this application, to provide information requested about me, and I release them and the company from liability for damaged in providing or using this information. I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

I also understand that if hired, my employment will be at the will of the company and can be terminated with or without cause and with or without notice at any time at the option of either the company or me. I further understand that no manager, representative, agent or employee of the company other than its president, have 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 or the at will employment relationship. Any modification of the at will employment relationship must be by the president of the company in a writing that specifically acknowledges that it is a modification of the at will employment relationship and that is signed by the president of the company. I am aware that any collective bargaining agreement covering my employment may also alter the at will nature of my employment.

I understand that as a part of the hiring process I may be required to submit to an alcohol and/or drug test, and that throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include but are not limited to tests for drugs and/or alcohol) at the company’s discretion and expense. I authorize all testing laboratories to release my test results to the company, and I agree the company has the right to use such results in decisions affecting my employment, and I authorize the company to use the results for such purposes. I understand that if I am made an offer of employment, I must successfully complete a pre-employment physical and alcohol and drug screen or the offer of employment may be revoked.



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I acknowledge that during the application process, the company may inquire as to any criminal convictions I have had. Conviction of a crime is not necessarily a bar to employment. The company will consider all facts and circumstances surrounding that conviction, including age of the conviction and nature of the offense, before determining if the conviction will affect the status of my application.

I understand and agree that if I become employed by the company, in consideration for my employment I will not commence any action, including any administrative claim or lawsuit, against the company its agents or employees, which in any way relates to my employment and/or termination of my employment, more than one (1) year after the date of the event given rise and said actions. Ai acknowledge that the stature of limitation for some claims may be longer and I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY STATUE OF LIMITATIONS TO THE CONTARY.

Date		Signature	
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