



# APPLICATION FOR AT-WILL EMPLOYMENT

This company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability of handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

*Please note that this application will only remain active for 3 months after which the applicant would need to re-apply.*

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date you can begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Personal:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Last First Middle*

Contact phone number: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Are there any hours or days of the week you cannot work? \_\_\_\_\_

If so, when? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you been convicted of any crime other than minor traffic violations? \_\_\_\_\_

If so, please state the citation, date and place where the offence occurred. \_\_\_\_\_  
\_\_\_\_\_



**Employment History:**

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Salary: \_\_\_\_\_ Type of Employment: \_\_\_\_ Full time \_\_\_\_ Part Time

Current and Former Employers: *(Most recent to least recent)*

| Date:<br>Month/Year                        | Name, Address and Telephone<br>No. of Employer | Salary:<br>Starting and<br>Ending | Last Position Held/<br>Responsibilities | Reason for<br>Leaving |
|--|--|-----------------------------------|---|-----------------------|
| From:<br>____/____<br><br>To:<br>____/____ |  | Start:<br><br><br>End:            |   |                       |
| From:<br>____/____<br><br>To:<br>____/____ |  | Start:<br><br><br>End:            |   |                       |
| From:<br>____/____<br><br>To:<br>____/____ |  | Start:<br><br><br>End:            |   |                       |
| From:<br>____/____<br><br>To:<br>____/____ |  | Start:<br><br><br>End:            |   |                       |

May we contact the employers listed? \_\_\_\_\_

If not, which one(s)? \_\_\_\_\_



**Education & Experience:**

|                      | Name and Address of School | No. of Years Attended | Did You Graduate | Subject of Study |
|----------------------|----------------------------|-----------------------|------------------|------------------|
| High School          |                            |                       |                  |                  |
| College/University   |                            |                       |                  |                  |
| Specialized Training |                            |                       |                  |                  |
| Other:               |                            |                       |                  |                  |

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch: \_\_\_\_\_ Paygrade/Rank: \_\_\_\_\_

Date Discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_ Honorably? \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, and/or equipment qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

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**References:** *(Three individuals not related to you, whom you have known for at least one year)*

| Name | Address and Telephone | Relationship to You | Years Acquainted |
|------|-----------------------|---------------------|------------------|
|      |                       |                     |                  |
|      |                       |                     |                  |
|      |                       |                     |                  |

Emergency contact: \_\_\_\_\_  
*Name Street City/State Telephone No.*



**Please read the following statement carefully before signing to indicate your understanding:**

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the company prior to the administration of the test so that a reasonable accommodation can be made. The company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\*to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they give to you.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

*\*Employers specifically excepted:* \_\_\_\_\_

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**For Employer Use Only**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hired? \_\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_