

11055 Allen Road
Southgate, Mi 48195



16135 West Road
Woodhaven, Mi 48183

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Prospective employees will receive consideration without regard to age, color, creed, disability, religion, national origin, race, gender, and veteran status or on the basis of any other legally protected characteristic.

DATE		SOCIAL SECURITY NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS		CITY, STATE AND ZIP CODE	HOW LONG AT ADDRESS
PREVIOUS ADDRESS		CITY, STATE AND ZIP CODE	HOW LONG AT ADDRESS
HOME TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER	PERSONAL (not work-related) E-MAIL ADDRESS:	

POSITION APPLYING FOR: _____ WAGE DESIRED: \$_____ (per hour) DATE AVAILABLE FOR WORK: _____ HOW MANY HOURS CAN YOU WORK WEEKLY? _____ HOURS AVAILABLE: FROM: _____ UNTIL: _____	EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL AVAILABLE FOR OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO DAYS AVAILABLE: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY
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DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATE: _____ POSITION HELD: _____

ARE YOU UNDER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES ANYTHING RESTRICT YOUR ABILITY TO PERFORM ALL THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN: _____
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EDUCATIONAL BACKGROUND (Please complete all sections applicable)		
HIGH SCHOOL	NAME OF SCHOOL:	COURSE OF STUDY:
	ADDRESS, CITY, STATE & ZIP:	RECEIVED DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	NAME OF SCHOOL:	MAJOR/SPECIALIZATION:
	ADDRESS, CITY, STATE & ZIP:	TYPE OF DEGREE RECEIVED:
BUSINESS OR TRADE SCHOOL	NAME OF SCHOOL:	COURSE OF STUDY:
	ADDRESS, CITY, STATE & ZIP:	TYPE OF CERTIFICATION RECEIVED:

DO YOU HAVE ANY FRIENDS AND/OR RELATIVES CURRENTLY EMPLOYED BY THIS COMPANY? YES NO

IF YES, LIST NAMES & POSITIONS HELD: _____

HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY, INCLUDING A PLEA OF NO CONTEST, TO A CRIMINAL OFFENSE? (A CONVICTION DOES NOT NECESSARILY ELIMINATE AN APPLICANT FROM CONSIDERATION.) YES NO

IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION: _____

MILITARY SERVICE		
BRANCH	FROM	TO
RANK AT DISCHARGE	TYPE OF DISCHARGE	
IF OTHER THAN HONORABLE, EXPLAIN		

WORK HISTORY (Please list your work experience beginning with your most recent job held)			
EMPLOYER	YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE
ADDRESS	CITY, STATE & ZIP CODE		TELEPHONE NUMBER
EMPLOYMENT DATES: FROM: TO:	SALARY/WAGES AT START:		SALARY/WAGES AT FINISH:
REASON FOR LEAVING: <input type="checkbox"/> RESIGNED WITH NOTICE <input type="checkbox"/> QUIT (NO NOTICE) <input type="checkbox"/> TERMINATED		IF TERMINATED, PLEASE STATE REASON:	
MAJOR DUTIES PERFORMED:			

EMPLOYER	YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE
ADDRESS	CITY, STATE & ZIP CODE		TELEPHONE NUMBER
EMPLOYMENT DATES: FROM: TO:	SALARY/WAGES AT START:		SALARY/WAGES AT FINISH:
REASON FOR LEAVING: <input type="checkbox"/> RESIGNED WITH NOTICE <input type="checkbox"/> QUIT (NO NOTICE) <input type="checkbox"/> TERMINATED		IF TERMINATED, PLEASE STATE REASON:	
MAJOR DUTIES PERFORMED:			

WORK HISTORY (continued)					
EMPLOYER		YOUR JOB TITLE		SUPERVISOR'S NAME/TITLE	
ADDRESS		CITY, STATE & ZIP CODE		TELEPHONE NUMBER	
EMPLOYMENT DATES: FROM: _____ TO: _____			SALARY/WAGES AT START:		SALARY/WAGES AT FINISH:
REASON FOR LEAVING: <input type="checkbox"/> RESIGNED WITH NOTICE <input type="checkbox"/> QUIT (NO NOTICE) <input type="checkbox"/> TERMINATED			IF TERMINATED, PLEASE STATE REASON:		
MAJOR DUTIES PERFORMED:					

REFERENCES (Please List Three Professional References)			
NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS
NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS
NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS

DO YOU AUTHORIZE INQUIRY FROM YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU AUTHORIZE INQUIRY FROM YOUR PREVIOUS EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYEE REFERRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE EMPLOYEE'S NAME:
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EMERGENCY CONTACT NAME:	RELATIONSHIP:	TELEPHONE NUMBER:
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Acknowledgement

I hereby certify that all of the information supplied by me on this application for employment is true and complete to the best of my knowledge, and if employed, it is relied upon as a condition of employment. I agree that any falsified statement(s) on this application shall be grounds for dismissal.

 APPLICANT'S SIGNATURE DATE: _____