

Application for 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.

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

Email: _____

PERSONAL

POSITION APPLIED FOR		DATE YOU CAN START		DATE OF APPLICATION	
NAME LAST		FIRST		MIDDLE	
PRESENT ADDRESS STREET		CITY		STATE	
PERMANENT ADDRESS STREET		CITY		STATE	
HOME TELEPHONE ()		WORK TELEPHONE ()			
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE THERE HOURS OR DAYS OF THE WEEK YOU CANNOT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN? _____			
SALARY DESIRED		TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
CAN YOU PERFORM THE TASKS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, WHICH TASKS WOULD YOU BE UNABLE TO ACCOMPLISH?			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID YOU EVER APPLY TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNDER WHAT NAME?			
WHERE?		WHEN?			

REFERENCES: Three Individuals Not Related to You, Whom You have Known For At Least One Year.

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
 Name Street City/State Telephone No.

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

DO YOU HAVE MILITARY EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ENTERED	BRANCH
RANK	DATE DISCHARGED	HONORABLY? <input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU LAWFULLY ENTITLED TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCEPT A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF SO, PLEASE STATE CITATION, DATE AND PLACE WHERE OFFENSE OCCURRED

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

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

MAY WE CONTACT THE EMPLOYERS LISTED?

YES NO

IF NOT, WHICH ONE(S)?

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 which 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 the 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 have. I hereby release these references and former employers from all liability for any information they may give to you.

_____ Date

_____ Signature

*Employers specifically excepted: _____

FOR EMPLOYER USE ONLY

Interviewed By: _____ Date: _____ Hired: YES NO

Starting Date: _____ Position: _____ Wage: _____



Michigan Chamber Services, Inc.

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