

# PRE-EMPLOYMENT APPLICATION

To the Applicant: This application will be given every consideration, but its receipt does not imply that the applicant will be employed. We appreciate your interest in our firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

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 disability, height, weight or any other protected status.

## PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle) Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you 18 years or older? Yes  No  Are you a U.S. citizen? Yes  No   
Are you authorized to work in the United States? Yes  No

## EMPLOYMENT DESIRED

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_  
Have you filed an application before? Yes  No  If yes, date(s) \_\_\_\_\_  
Are you seeking Full Time  Part time  Other   
Position applied for: \_\_\_\_\_  
Date available to start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for: \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes  No   
Are there any days or hours you would be unable or unwilling to work? Yes  No   
Days and/or hours you would be unable or unwilling to work: \_\_\_\_\_  
Is there any type of work you will not perform? Yes  No   
If yes, please explain: \_\_\_\_\_

## CAPABILITY/ RELIABILITY

Employers must make accommodations to disabled applicants and employees where the accommodations do not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes  No   
If not, explain which tasks: \_\_\_\_\_  
Have you filed any type of fraudulent claim against any of your present or past employers? Yes  No   
If yes, please explain: \_\_\_\_\_  
Will you abide by the safety rules of this company? Yes  No   
Have you ever been disciplined for violating company safety rules or regulations? Yes  No   
If yes, please explain: \_\_\_\_\_  
How many days of work (or school) have you missed in the last two years? \_\_\_\_\_  
How many times have you been late for work (or school) in the last two years? \_\_\_\_\_  
Consistent attendance and punctuality are essential requirements of every job in our company.  
Would you be willing and able to report to work on time everyday on a regular and consistent basis? Yes  No   
If no, please explain: \_\_\_\_\_  
Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes  No   
If yes, please explain: \_\_\_\_\_  
Have you ever been fired, or asked to resign from a job? Yes  No   
If yes, please explain: \_\_\_\_\_

**EDUCATION**

If you did not graduate why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes  No  If so, when, and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school or college. (Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation, or other protected status)

Name & Address	Years Completed	Diploma/ Degree	Course of Study
High School			
College			
Trade School			

**MILITARY**

Have you ever served in the military? Yes  No  Date of Discharge: \_\_\_\_\_

Service branch: \_\_\_\_\_ Final Rank: \_\_\_\_\_

What duties, training, or experience did you have while in the military which may be job related? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you been convicted of a crime? Yes  No  If so when, where, and the nature of the offense: \_\_\_\_\_

Do you have a valid driver's license? Yes  No  State: \_\_\_\_\_ License No. \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Do you type? Yes  No  Words per minute: \_\_\_\_\_

Please list all software programs in which you are proficient, indicating how many years work experience you have with each: \_\_\_\_\_

List any other computer skills, programming languages, or computer training you have: \_\_\_\_\_

List any technical training, skills or work experience which may qualify you for a job with us: \_\_\_\_\_

Describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please use a separate sheet of paper.

**WORK HISTORY**

List names of employers in consecutive order with present or last employers listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer Name:	Dates Employed		Hourly Rate/ Salary
Address:	Month/Year Started:	Month/Year Ended:	Starting:
City, State, Zip:			Ending:
Phone Number:	Reason for leaving:		
Job Title:			
Supervisor:			
Work Performed	_____		
Employer Name:	Dates Employed		Hourly Rate/ Salary
Address:	Month/Year Started:	Month/Year Ended:	Starting:
City, State, Zip:			Ending:
Phone Number:	Reason for leaving:		
Job Title:			
Supervisor:			
Work Performed	_____		
Employer Name:	Dates Employed		Hourly Rate/ Salary
Address:	Month/Year Started:	Month/Year Ended:	Starting:
City, State, Zip:			Ending:
Phone Number:	Reason for leaving:		
Job Title:			
Supervisor:			
Work Performed	_____		

List any other positions held on a separate sheet.

**REFERENCES**

Name	Address	Phone Number	Years Known
1			
2			
3			

If you have worked in any of your previous positions under another name, please give that name(s) below.

(For reference checking purposes)

Name: \_\_\_\_\_ @Company: \_\_\_\_\_

Name: \_\_\_\_\_ @Company: \_\_\_\_\_

Are you presently employed? Yes  No

May we contact your employer? Yes  No

Please list all periods of time since high school or college during which you were not employed.

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**AUTHORIZATION AND UNDERSTANDING:**

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company.

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date \_\_\_\_\_

Signature \_\_\_\_\_