

Application For Employment



(231) 637-3418

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application	
How did you Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____	
<input type="checkbox"/> MESC Office	<input type="checkbox"/> Relative	<input type="checkbox"/> Temporary Agency Employees		
Last Name	First Name	Middle Name		
Address	City	State	Zip Code	How long have you lived at this address?
Telephone Number(s)	Social Security Number			
	X X X - X X - _ _ _ _			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

Describe any specialized training, apprenticeship skills and extra-curricular activities:

References

1	(Name)	()
	(Address)	Phone #
2	(Name)	()
	(Address)	Phone #
3	(Name)	()
	(Address)	Phone #
4	(Name)	()
	(Address)	Phone #

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employed From (Date)	Employed To (Date)	Work Performed
Address			
Telephone Number(s)	Starting Rate/Salary		Ending Rate/Salary
Job Title	Supervisor		
Reason for Leaving			

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Telephone Number(s)	Starting Rate/Salary		Ending Rate/Salary
Job Title	Supervisor		
Reason for Leaving			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, this organization will hold \$25.00 from your first paycheck. This amount is to cover the initial cost of interviewing, orientation, file set up, training and uniform maintenance. This fee will be reimbursed after a 90 day probationary period has been satisfied. I further understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer, including the company no smoking policy.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

NOTES _____
