



EDUCATION

List the name of the schools which you have attended. Please complete the dates of graduation.

	Name of School	City	State	Grad Date
High School				
Vocational				
College				
Other				

EMPLOYMENT HISTORY

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Last Salary		Immediate Supervisor's Name		Reason for Leaving	
Number of Employees Supervised		Specific Duties:			
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Last Salary		Immediate Supervisor's Name		Reason for Leaving	
Number of Employees Supervised		Specific Duties:			
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Last Salary		Immediate Supervisor's Name		Reason for Leaving	
Number of Employees Supervised		Specific Duties:			



4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					

NOTICE OF HANDICAPPER RIGHTS

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company, but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, Michigan law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known that the accommodation was needed.

MILITARY SERVICE

If you have served, dates of service were from			to	
Branch		Highest Rank or Rating		
Reserve Status				

CONVICTION RECORD

Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
A. If yes, explain when, where and the nature of all criminal convictions.	
B. Are there any felony charges pending against you at present? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe:	
Company policy does not render conviction of a crime an absolute bar to employment. Such facts as the seriousness and nature of the offense or violation, how many years ago the offense occurred and rehabilitation will be considered by the Company in relation to the specific job which you seek.	



APPLICANTS' CERTIFICATION AND AGREEMENT (please read carefully)

Certification of Truthfulness. I certify that all statements on this Application for Employment are true to the best of my knowledge. I understand and agree that the statements made herein may be investigated and, if found to be false, will be sufficient reason for not being employed, or if employed, will be cause for dismissal, when discovered.

References. I authorize the references I have listed above and any of my prior or current employers, to give you any and all information concerning my previous employment, including any disciplinary information, and any pertinent information they may have, personal or otherwise, and in exchange for my consideration of employment, I release all parties from all liability for any damage that may result for furnishing information to you. Also, I hereby waive written notice to me that employment information is being provided by any person or organization.

Employment At-Will. If hired, in consideration of my employment, I agree to abide by the rules, policies and procedures of the Company. I further agree that my employment with the Company is at-will and can be terminated for any reason, with or without cause, and with or without notice at any time, at the option of either the Company or myself. I understand that the Company may, from time to time, make unilateral changes in its rules, regulations and personnel practices and policies which will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment, including layoffs. I also understand that no agent or representative of the Company has any authority to make any agreement contrary to the foregoing, except by a written employment contract signed by me and the President of the Company or designate.

Arbitration. I further recognize that if employed by the Company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment. I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitation period(s) provided by law, whichever occurs first. ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESSED OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTE OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), provided all substantive rights and remedies including any applicable damages provided under pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provisions required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate government agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT AND A WAIVER OF A JURY TRIAL, AND THAT I AM AGREEING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.

SIGNATURE	DATE
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