

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer Name & Address: _____
Telephone: _____ Job Title: _____
Immediate Supervisor & Title: _____
Reason for leaving: _____
May we contact for reference: _____
Summarize type of work & job responsibilities: _____
Hourly Rate/Salary when started: _____ Hourly Rate/Salary when left job: _____

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Educational Background

School	Number of Years Completed	Degree Diploma	GPA Class Rank	Major	Minor

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status)

Organization	Office Held

List any special accomplishments, publications, awards, etc. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status)

List any additional information you would like us to consider:

Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for: _____ Date: _____

Referral Source: Advertisement Employee Relative Governmental Employment Agency
 Walk-In Private Employment Agency Other _____
Name of person who referred you (if applicable): _____

Applicant Information

Name _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Mobile: _____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multiracial
(This identification group is recognized only in the state of Michigan)

For Administrative Use Only

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

Position hired for: _____ Date of hire: ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

Officials & Managers Sales Worker Operatives (semi-skilled)
 Professionals Office & Clerical Worker Laborers (unskilled)
 Technicians Craft Worker Service Workers

Notes: _____

Completed by: _____ Date: ____/____/____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Printed Name of Applicant

Signature of Applicant