Global Concepts - Application for Employment (At-Will)

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. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known. Federal law has no such requirement.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

Please note that this application will only remain active for 6 months, after which the applicant would need to re-apply.

Name: _____

Last First M.I.

Present Address: _____

Street City State Zip

Permanent Address: _____

Street City State Zip

Phone: Home (_____) _____ Cell (_____) _____

Email address: _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired: _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer: _____

Have you ever applied to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have U.S. Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

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.

_____

_____

How were you referred to us? _____

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 Phone

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	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 that will affect my ability to take the test, I will so inform the Company prior to 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, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

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. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

I understand that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I agree not to commence any action or suit relating to the employment relationship or the hiring process more than 180 calendar days after the lesser of: (i) the date of the event giving rise to the action or suit, or (ii) the applicable statute of limitations. I waive any statute of limitations to the contrary.

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 may have. I release these references and former employers from all liability for any information they may give to the Company and waive any right that I might have to be provided with notice that they are releasing this information, specifically any notice rights under the Bullard-Plawecki Employee Right-to-Know Act.

_____ _____

Signature Date

* Employers specifically excepted: _____

For Employer Use Only
Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No Starting Date: _____ Position: _____ Wage: _____