

Position(s) applied for

Print full name

Street address

407 S. State St., Hart, Michigan 49420 - 231-873-2488

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you seek to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers. Equal access to programs, services, and employment is available to all qualified persons. Applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Date of application

City

Main phone number	Alternate phone number	Email		
Employment Experience Please list the names of your precent employer listed first. B supply business references. Ad	oresent or previous employers e sure to account for all peri	ods. If self-employed, gi		
Name of employer		Supervisor	May we con	tact?
			□ Yes □ No)
Street address				
Phone number		Dates employed (month	/year)	
		From	То	
Job title and duties		Reason for leaving		

ZIP

State

Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates employed (month)	'year)
	From	То
Job title and duties	Reason for leaving	
Name of employer	Supervisor	May we contact?
		□ Yes □ No
Street Address		
Phone Number	Dates employed (month)	'year)
	From	То
Job title and duties	Reason for leaving	

Have you ever	been involuntarily terminate	ated or asked	to resign fr	om any job? \square Yes \square No	0
If yes, please o	explain.				
Please explain	any gaps in your employm	ent history.			
		-			
Please list any	other experience, job-rel	ated skills ar	ditional lan	guages or other qualifi	cations that
	ould be considered in eval				cations that
Educati					
Please des	scribe your educational ba	ckground in t	he table pro	ovided below.	
		.,	Diploma/		Specialized
	School name	Years	degree	Area of study/major	training, skills, or extracurricular
		completed	(Yes/No)		activities
High school					

College/ university							
Graduate/ professional school							
Trade school							
Other							
	s and Professional R three professional referer		=	re <i>not</i> rela	ted to you.		
Name and titl	e	Relationsh	ip		Phone numb	er or email	
Genera	l Information						
1. Have	e you ever used another na	me? □ Y	es 🗆 No				
	y additional information re name necessary to enable						
If ye	s to either of the above, p	lease explair	n:				
3. Have	e you ever worked for this	company bef	ore? □ Yes	s □ No			
If ye	s, please provide dates and	d position:					
4. Do v	ou have friends and/or rel	ativos workir	ng for this co		□ Vos □ No		

5.	On what da	ate are vou av	ailable to begi	n work?			
	b. Days/hours available to work:						
M	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you av	ailable to worl	k? □ Full-tim	e □ Part-tim	ne □ Shift Wo	ork □ Tempor	ary
8.	Would you	have a reliabl	e means of tra	nsportation to	and from worl	k if hired? □	Yes □ No
9.	Can you tr	avel if the pos	ition requires i	it? □ Yes □ I	No		
10	. Are you at	least 18 years	old? □ Yes I	□ No			
	Note: If un	nder 18, hire is	subject to ver	rification that	you are of min	imum legal age	e.
11.	. Can you pr	esent evidence	e of your ident	ity and legal r	ight to work in	this country if	f hired?
	□ Yes □ N	lo					
12.	-	•	-		-	hich you are a	pplying
13.			ole accommoda victed of any fe			fic violations d	uring the
		years? □ Yes					5
	If ye	es to question '	13, please expl	lain:			
	-	•		-	-	r which you are	e applying
	with or with	nout reasonabl	e accommodat	tion: ☐ Yes ☐	No		
	Applican	t Statemen	t and Agre	ement			
	Please read and initial each paragraph below. If there is anything that you do not understand, please ask.					rstand,	
	education and the prior em reports, and such discloss persons, con	nd other matte aployers and reful other informa ure. In addition rporations, par	rs related to my erences I have tion related to , I hereby relea tnerships, and	y suitability for listed to disclos my work recor se the company	employment and the to the compaids, without giving, my former emore any and all	erences, work r nd, further, aut ny any and all lo ing me prior no nployers, and al claims, demar sclosure.	thorize etters, tice of l other

Name (print):
Signature:
My signature attests to the fact that I have read, understand, and agree to the above terms.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States and that federal immigration law requires me to complete an I-9 Form in this regard.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause and with or without notice. Finally, I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.