

# Application for Employment



24201 Capital Boulevard, Clinton Township, MI 48036-1339 Phone 586-464-6400

## AN EQUAL OPPORTUNITY EMPLOYER

We welcome you as an applicant for employment. Please complete this form in as much detail as possible to assist us in giving you full consideration. All information will be considered personal and confidential. Thank you for your cooperation.

### IDENTIFICATION

NAME	Last	First	Middle
PRESENT ADDRESS	Street	City	State & Zip Code
TELEPHONE	Home	Business	Other
SOCIAL SECURITY NUMBER	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? (Proof of authorization to work in U.S. will be required upon employment) YES ___ NO ___		
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT?			YES ___ NO ___
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST (7) YEARS? IF YES, PLEASE EXPLAIN BELOW (Answering yes will not automatically disqualify you from employment)			YES ___ NO ___
WHAT IS THE BEST TIME TO CONTACT YOU AT HOME?			
HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE			YES ___ NO ___ DATE _____
DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE? YES ___ NO ___ IF YES, STATE NAME AND RELATIONSHIP:			
ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___ IF NO, ARE YOU ON LAY-OFF? YES ___ NO ___ MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___			

### EDUCATION

H I G H	NAME	CITY & STATE	DID YOU GRADUATE? YES ___ NO ___  GRADE AVERAGE _____
C O L L E G E	NAME	CITY & STATE	DID YOU GRADUATE? YES ___ NO ___  GRADE AVERAGE _____ DEGREE GRANTED _____
O T H E R	NAME & COURSE OF STUDY	CITY & STATE	DID YOU GRADUATE? YES ___ NO ___  GRADE AVERAGE _____ DEGREE GRANTED _____

### SKILLS

PLEASE SPECIFY OFFICE SKILLS AND EQUIPMENT YOU CAN OPERATE	
PLEASE LIST TRADE SKILLS AND/ OR APPRENTICESHIP PROGRAMS COMPLETED	
PLEASE LIST ANY OTHER SKILLS OR QUALIFICATIONS	

## EMPLOYMENT DATA

DATE AVAILABLE FOR WORK ___/___/___ WHAT IS YOUR DESIRED SALARY? \$ _____ PER HOUR	
ARE YOU AVAILABLE TO WORK: ___ FULL TIME (IF FULL TIME, PLEASE INDICATE 1 2 3 SHIFT) ___ PART TIME (IF PART TIME, PLEASE INDICATE MORNINGS AFTERNOON EVENINGS) ___ TEMPORARY (IF TEMP., PLEASE INDICATE DATES AVAILABLE ___/___ - ___/___)	
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? IF YES, GIVE DATE	YES ___ NO ___ DATE: _____
CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES ___ NO ___	

## EMPLOYMENT RECORD

PLEASE LIST BELOW PRESENT AND PAST EMPLOYMENT, WITHIN THE LAST FIVE YEARS.

EMPLOYER NAME AND ADDRESS			
DATES OF EMPLOYMENT:	FROM / /	TO / /	POSITION(S) HELD
PLEASE DESCRIBE THE WORK YOU DID:			
NAME OF SUPERVISOR:			
TELEPHONE:			
SALARY:	STARTING SALARY: \$	PER	ENDING SALARY : \$ PER
REASON FOR LEAVING:			

EMPLOYER NAME AND ADDRESS			
DATES OF EMPLOYMENT:	FROM / /	TO / /	POSITION(S) HELD
PLEASE DESCRIBE THE WORK YOU DID:			
NAME OF SUPERVISOR:			
TELEPHONE:			
SALARY:	STARTING SALARY: \$	PER	ENDING SALARY : \$ PER
REASON FOR LEAVING:			

EMPLOYER NAME AND ADDRESS			
DATES OF EMPLOYMENT:	FROM / /	TO / /	POSITION(S) HELD
PLEASE DESCRIBE THE WORK YOU DID:			
NAME OF SUPERVISOR:			
TELEPHONE:			
SALARY:	STARTING SALARY: \$	PER	ENDING SALARY : \$ PER
REASON FOR LEAVING:			

PLEASE READ BEFORE SIGNING

**AS AN EQUAL OPPORTUNITY EMPLOYER, P.P.D. WILL GIVE YOUR APPLICATION FULL CONSIDERATION WITHOUT REGARD TO YOUR RACE, CREED, COLOR, MARTIAL STAUS, SEX, AGE, DISABILITY, NATIONAL ORIGIN, RELIGION, PUBLIC ASSISTANCE, OR AFFECTIONAL PREFERENCE.**

- I hereby affirm that the information provided on this application, accompanying resume, if any, and/or in the interview process, is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide P.P.D. with any relevant information, personal or otherwise, including grade transcripts, that may be required to arrive at an employment decision, and I release all parties, including P.P.D., from any liability for any damage that may result from furnishing information.
- 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 the Employee may resign at any time and the Employer may discharged the Employee at any time with or without cause. It is further understood that this is "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. I understand that no manager or representative of P.P.D., other than the President or Vice-President of the company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.
- I understand that any employment offer will be contingent upon compliance with a physical examination including drug testing procedures and a negative result of the screening test. I hereby authorize the disclosure of such results to P.P.D., once an offer of employment has been made. I acknowledge that a copy of the P.P.D. Drug Policy Statement is available for my review upon request.

APPLICANT'S SIGNATURE: _____	DATE: _____
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