

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION			Social Security Number	Last	
		Date			
Name					
Last	First	Middle			First
Present Address					
Street		City	State	Zip	
Permanent Address					
Street		City	State	Zip	
Phone No.					
Referred By			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DESIRED				
Position		Date You Can Start	Salary Desired	
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?	

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL
Subjects of Special Study or Research Work
Job Related Skills (typing, driver's license, etc.)
Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if i am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules policies and procedures. The Company retains the right to revise its policies or procedures in whole or in part, at any time.

Date

Signature

Additions to employment applications

1. "I agree and understand that any employment offer is conditional until such time as the results of my post employment medical examination are known."
2. Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodations do not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the company will preclude any claim that the employer failed to accommodate the handicapper.
3. "I agree that any lawsuit against the company arising out of my employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.
4. "I have read the job analysis concerning the job title that I have applied. I acknowledge that I can perform all job functions listed on such analysis."

X Signature: _____

Print Name: _____

Date Signed: _____

Please email this completed application (and your resume if you have one) to:

dclemence@enveloperpintery.com

Or mail it to:

Diana Clemence

Envelope Printery

8979 Samuel Barton Dr.

Belleville Mi 48111