

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, disability, veteran, marital status, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applying For:

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip Code

Permanent Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____
Area Code

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

Are you currently working? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Salary desired? (Required for interview) a) Current _____ b) Expectations _____

Are you currently on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Will you submit to a drug and alcohol screening test? Yes No

Maxitrol reserves the right to have all new prospective employees take a physical examination to determine whether or not they are physically fit for their prospective job and take a controlled substance and alcohol screening test prior to commencement of employment. Any offers of employment are contingent upon a new employee successfully passing any such medical test.

If Yes, please explain

Have you ever been employed by this organization before? Yes No

If yes, give dates employed, location, and indicate if employed under a different name:

Please indicate the names of any relatives already employed by this employer:

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Describe how you would perform the job functions involved in the job or occupation for which you have applied:

In case of emergency notify _____
Name Address Phone No.

EDUCATION

	High School				College/University				Graduate/Professional			
School Name												
Years Completed: (Check)	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study:												
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities												

List professional, trade, business or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
2	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
3	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					

If there are any periods between these employers when you were not employed, please state the dates you were not employed and the reasons for the non-employment.

Which of these jobs did you like best? _____

What did you like best about this job? _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

REFERENCES:

(GIVE THE NAMES TWO PROFESSIONAL AND ONE PERSONAL REFERRAL, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR.)

NAME	PHONE/EMAIL ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

Acknowledgement and Agreements

1. I certify that answers given in this application are true and complete to the best of my knowledge and understand that false or misleading information or omission of information given in my application or interview(s) may result in rejection of my application or, if hired, dismissal of my employment with Maxitrol Company.

Signature

Date

2. In consideration of my employment, I agree to the rules and regulations of Maxitrol Company, and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the company or myself. I understand that no officer or representative of the company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of Maxitrol Company and any such agreement must be made in a signed writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, or about the company's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

I further acknowledge that if I accept an offer of employment with Maxitrol Company, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with Maxitrol Company.

Signature

Date

3. I authorize the employers listed in my employment application to provide you with any and all information concerning my previous employment and any pertinent information they may have (even if more than four years old). I hereby waive my right to written notice from any current or previous employers of such disclosure of information.

Signature

Date

4. If employed in Michigan, I understand that if I am or become handicapped in need of accommodation for employment, under Michigan law, I must notify the President of Maxitrol Company in writing within 182 days after the need is known or reasonably should have been known to me.

Signature

Date

5. I agree that unless required by law to be filed sooner, any lawsuit against Maxitrol Company or any of its officers, directors, employees or agents arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within 12 months of the event giving rise to the claims or be forever barred. I understand that the limitation periods for these claims are generally longer and agree to waive those periods.

Signature

Date

6. **I have read, understand and voluntarily agree to the terms in each of the above five (5) individual statements indicated above.**

Signature

Date