

## Application for Employment

(Please Print)

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

Last

First

Middle

ADDRESS: \_\_\_\_\_

No.

Street

City

State

Zip

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? ☐ Yes ☐ No

### EDUCATION

| Type                     | Name/<br>Location | Graduation<br>Date | Number of<br>Years<br>Completed | Degree/<br>Diploma |
|--------------------------|-------------------|--------------------|---------------------------------|--------------------|
| Elementary<br>& Jr. High | _____             | _____              | _____                           | _____              |
| High School              | _____             | _____              | _____                           | _____              |
| College                  | _____             | _____              | _____                           | _____              |
| Technical<br>or Other    | _____             | _____              | _____                           | _____              |

### EMPLOYMENT RECORD

| Company Name<br>and Phone # | Kind of<br>Work | Date<br>Started/Left | Rate<br>of Pay | Reason<br>for Leaving |
|-----------------------------|-----------------|----------------------|----------------|-----------------------|
| 1. _____                    |                 |                      |                |                       |
| 2. _____                    |                 |                      |                |                       |
| 3. _____                    |                 |                      |                |                       |
| 4. _____                    |                 |                      |                |                       |
| 5. _____                    |                 |                      |                |                       |

Type of work desired \_\_\_\_\_ Salary desired \_\_\_\_\_

How were you referred to our organization?

\_\_\_\_\_

Do you have any relatives who are employed by this organization ☐ Yes ☐ No

Please specify: \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record: ☐ Yes ☐ No Please specify: \_\_\_\_\_

Have you ever signed a non-compete, non-solicitation, or confidentiality agreement? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have you ever been terminated or asked to resign? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied—such as licenses, professional memberships, hobbies, etc.

Emergency Contact: \_\_\_\_\_

**U.S. MILITARY SERVICE**

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

| Name     | Occupation | Years Known | Phone Number |
|----------|------------|-------------|--------------|
| 1. _____ |            |             |              |
| 2. _____ |            |             |              |
| 3. _____ |            |             |              |

**APPLICANT'S STATEMENT**

I certify that the information given herein is true and complete without qualification. I understand United American Payroll may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize United American Payroll to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers' names therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I further authorize United American Payroll and/or any third party which United American Payroll hires, to research, investigate and/or perform background checks to substantiate that I am a candidate of good standing and of good moral character, who qualifies as a potential employee. I understand and acknowledge that United American Payroll will terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

If terminated, I authorize United American Payroll to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information including disclosure of information to a third party, future employer or prospective employer, without receiving any prior notice, and I release United American Payroll from any liability in connection with such use or disclosure.

In consideration of my employment I agree to conform to the rules and regulations of United American Payroll and the directions of its supervisors, I understand and acknowledge that if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of United American Payroll and can be terminated with or without cause, and with or without notice, at any time at the option of either United American Payroll or myself. I further understand and agree that no manager, representative, agent or employee of United American Payroll other than the owners, has now or has had in the past any authority to enter into any agreement for employees for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the owners of United American Payroll in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing if any is required, are known. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination at the employer's discretion and expense. Furthermore, under Michigan's Persons with Disability Civil Rights Act if I should need an accommodation for disability, I must provide management with written request within 182 days.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_