



3430 James Phillips Drive  
 Okemos, Michigan 48864  
 517-337-0404  
 Fax: 517-333-3606

## Employment Application

| APPLICANT INFORMATION   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name   | First                        | M.I.                        | Date  |
| Street Address  |                              | Apartment/Unit #            |   |
| City  | State                        | ZIP                         |   |
| Phone   | E-mail Address               |                             |   |
| Date Available  | Social Security No.          | Desired Salary              |   |
| Position Applied for  |                              |                             |   |
| Driver's License Number   |                              | Issuing State               |   |
| What license endorsements, if any, do you possess? Please list: |                              |                             |   |
| Are you a citizen of the United States?                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony?                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

| EDUCATION   |    |  |   |
|-------------|----|--|---|
| High School |    | Address  |   |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| College     |    | Address  |   |
| From        | To | Did you graduate?  | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other       |    | Address  |   |
| From        | To | Did you graduate?  | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |

| PREVIOUS EMPLOYMENT   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |