



**EMPLOYMENT EXPERIENCE:** (List current or most recent job first)

<b>1</b>	Employer	Dates From                      To	Work Performed
	Address		
	Phone Number		
	Job Title	Hourly Rate/Salary Starting                      Final	
	Supervisor		
	Reason for leaving		
<b>2</b>	Employer	Dates From                      To	Work Performed
	Address		
	Phone Number		
	Job Title	Hourly Rate/Salary Starting                      Final	
	Supervisor		
	Reason for leaving		
<b>3</b>	Employer	Dates From                      To	Work Performed
	Address		
	Phone Number		
	Job Title	Hourly Rate/Salary Starting                      Final	
	Supervisor		
	Reason for leaving		

**EDUCATION:**

	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
High School				
College				
Graduate				
Vocation/Training				

Any other training: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** (Do not include relatives)

	Name	Address	Phone Number	Years Acquainted

**ADDITIONAL INFORMATION:**

Have you ever pled guilty or no contest to, or have been convicted of a crime? Yes \_\_\_ No \_\_\_

If so, where, when and nature of offense. \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

**AUTHORIZATION AND UNDERSTANDING:**

**Release of Prior Personnel Records**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to i) cancel further consideration of this application; or ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and education institutions and otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.

**At-Will Employment Status**

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF INDUCTOHEAT, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment at INDUCTOHEAT as they are from time to time changed and that no additional obligations can be imposed by me on INDUCTOHEAT except those which have been acknowledged, in writing, by the President or his designated representative.

**Handicap Accommodation Request**

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying INDUCTOHEAT 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 INDUCTOHEAT will preclude any claim that the employer failed to accommodate the handicapper.

**Limitation on Time for Employment Complaints**

I AGREE THAT ANY ACTION OR LAWSUIT AGAINST INDUCTOHEAT 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 HUNDRED AND EIGHTY (180) DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIOD TO THE CONTRARY.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# FOR INTERVIEWER'S USE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIRED: Yes \_\_\_\_\_ Starting Date \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_

HR  
WK  
YR

Job Position \_\_\_\_\_ Incentive Factor \_\_\_\_\_

Exempt Classification: Exempt  Non Exempt

No \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

## APPROVED:

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature

Mgr/Director \_\_\_\_\_ Date \_\_\_\_\_

Signature

President \_\_\_\_\_ Date \_\_\_\_\_

Signature