

APPLICATION FOR EMPLOYMENT

Please Print

GENERAL INFORMATION					
Date		Social Security No.			
Name					
(Last)		(First)		(Middle)	
Address		City		State	Zip Code
					Telephone No.
Position Desired		Pay Desired		If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application. _____					
If under 18, please state your age.		Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____		Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____	
Are any of your relatives currently or formerly employees of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date would you be available for work?		Are you available to work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____			
Do you have any impairments, physical, medical or mental, which might affect your ability to perform the job(s) for which you wish to be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give a complete description of the impairments(s) and the manner in which it/they might affect your ability to perform the job(s) for which you wish to be considered. _____					
EDUCATION					
	Name & Location of School	Major Subject(s) Studied	Total Yrs Attended	Graduated? (Yes or No)	Degree, Diploma or Certificate
High School					
Technical Training					
College					
Other					

EMPLOYMENT HISTORY

List your four most recent employers, beginning with your **MOST RECENT** position.

Dates (Month/Year)	Employer's Name, Address & Phone No.	Supervisor Name & Title	Position(s)	Salary	Reason for Leaving
From				Start	
To				End	
From				Start	
To				End	
From				Start	
To				End	
From				Start	
To				End	

May we contact the employers listed above? Yes No

If No, indicate which one(s) you do not wish us to contact: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience

Office Skills:

Typing _____ wmp Shorthand _____

Office machines you can operate

What languages do you speak, and for each, how fluently?

What languages do you read, and for each, how fluently?

What languages do you write, and for each, how fluently?

CAREER OBJECTIVES

Describe your career and income objectives, and how your employment with this company fits those objectives.

Short-Term _____

Long-Term _____

If you are applying for a sales position, what do you consider the three most important aspects of good salesmanship?

1. _____
2. _____
3. _____

DRIVING HISTORY

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, License No. _____	State _____	Expiration Date _____
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List all other states in which you have had driver's licenses.

List all accidents in which you have been involved during the past 5 years.

List all tickets (excluding parking tickets) received during the past 5 years.

Have you ever been refused automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently under an assigned risk policy for auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently own or lease an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MILITARY

Complete this section if you served in the U.S. Armed Forces.

Branch of Service _____	Period of active duty (month & year) From: _____ To: _____
Rank at discharge _____	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your duties and any special training.

REFERENCES

Give the name of three persons not related to you, whom you have known at least one year.

	Name	Address & Phone No.	Employer & Title	Years Acquainted
1.				
2.				
3.				

MISCELLANEOUS

List major group activities (e.g., business, professional, social or charitable) in which you are now a member, and for each, indicate the extent of your participation. (Please do not answer if the name or character of the activity indicates the race, religion, national origin or age of its members.)

List your hobbies and other ways you use your "spare time." (Please do not answer if the name or character of the activity indicates the race, religion, national origin or age of its members.)

In case of an emergency, we should notify:

Name _____

Phone No. _____

Address _____

I certify that information given herein is true and complete to the best of my knowledge. I understand that the company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, school and employers named 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 understand and acknowledge that any misrepresentation or omission of fact can result in immediate discharge.

I understand and acknowledge that, if employed, my employment and compensation will be at the will of Daly Merritt, Inc. and can be terminated, with or without cause, and with or without notice, at any time at the option of Daly Merritt, Inc. I further understand and agree that no company manager, company representative, agent or employee of Daly Merritt, Inc. other than its President, has now or has had in the past any authority to enter into any agreement for employment 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 President of Daly Merritt, Inc. in order to be effective.

Furthermore, if I become employed by Daly Merritt, Inc. then I agree that in consideration for my employment I will not commence any action, administrative claim or suit more than six (6) months after the date my employment is terminated, regardless of the circumstances of the termination, which relates to my employment and/or termination of my employment and which would otherwise be timely, and I hereby waive any statute of limitations to the contrary (unless a collective bargaining agreement in effect at Daly Merritt, Inc. requires that I initiate such an action or claim or suit in less than six months in which case such lesser period shall apply).

_____ Dated

_____ Applicant's Signature

Daly Merritt, Inc. is an equal opportunity employer.

Under the Michigan Handicappers' Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Remarks: _____

Referred by: _____

Hired: _____

Position: _____

Will Report: _____

Wages/Salary: _____

Approved: _____