

Please complete, sign and Submit applications in one of the following ways:
 1) FAX: 989.358.7189
 2) Email: esljobs@358-jobs.com

3) Mail: P. O. Box 832, Alpena, MI 49707

Referred By: _____

EMPLOYMENT APPLICATION

This company is an equal opportunity employer. We will not tolerate discrimination because of age, race, creed, color, height, weight, marital status, sex, national origin, disability, genetic information, and/or any other legally protected category. All qualified applicants are welcome to submit applications for employment.

Name: Last		First	Middle Initial	Last 4 digits of your Social Security Number	
Present Address: Street, Box		City	State	Zip Code	Phone Number
Date Available:	Type of work applying for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Shifts willing to work: <input type="checkbox"/> Day <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any	Emergency contact and telephone number:	
Are you at least eighteen years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of, or pled guilty to, a felony; or do you have any pending felony arrests? <input type="checkbox"/> Yes <input type="checkbox"/> No *During the past 5 years, have you been convicted of, or pled guilty to, a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of these questions, please explain: *A "yes" answer will not necessarily bar you from employment				
EDUCATION					
School Attended	Subjects Studied	Number of Years	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of High School:					
College or University:					
Business or Vocational School:					
Special Skills or Training:					
EMPLOYMENT HISTORY					
Company Name and Address:	Supervisor's Name and Title	Dates Employed	Position (Job Title)	Wage	Reason for Leaving (Wanting to Leave)
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Military Dates: Month _____ Year _____ Month _____ Year _____	Military Occupation:		Type of Discharge:		

IMPORTANT -- READ BEFORE SIGNING: I affirm that all the answers to the foregoing questions are correct to the best of my ability and knowledge. I hereby authorize the Company to verify and investigate my background and I hereby release all liability for any damage that may result from furnishing information and opinions to the Company. Failure to complete this application, concealment of information, intentional omissions or misrepresentations will be grounds for refusal of employment or immediate dismissal. I further acknowledge that I understand that the Company has a policy of employment at will and if I am hired by the Company, my employment may be terminated, either by myself or by the Company, at any time, with or without cause. I FURTHER AGREE AS A CONDITION OF EMPLOYMENT, TO COMPLY WITH ALL RULES, REGULATIONS AND PRACTICES OF THE COMPANY.

Signature

Date