

Horizon Business Center West

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

To the Applicant: We appreciate your interest in employment with us and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL:

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

E-Mail Address: _____ Facebook Address: _____

Telephone Number - Home: __ (____) _____ Others: __ (____) _____

List any other name you use or have used: _____ Are you over 18 years of age? YES NO

Current Address: _____
(Number) (Street) (City) (State) (Zip)

How long lived here? ____ Yrs., ____ Mos. Circle One: Own Rent Board Live w/parents

Landlord's Name and Telephone: _____
Previous: (1) _____ From ____/____/____
(2) _____ From ____/____/____
(3) _____ From ____/____/____

Are you a U.S. citizen? YES NO If no, are you authorized to work in the United States? YES NO

Have you been previously employed here? YES NO If yes, date(s) _____ Supervisor(s) _____

Have you filed an application here before, and if so, date(s): YES NO _____

List any friends or relatives working here: _____

Transportation you will use to come to work? Bus Taxi Auto, Year ____ Make ____ Other _____

Do you have a valid Driver's licenses? YES NO State _____ License Number: _____

Has your driver's license ever been revoked or suspended? YES NO If yes, when? _____

List all traffic violations for the past 5 years:

1. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____
2. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____

STATE LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED. **Have you ever been convicted of a crime?**

YES NO If yes, list where, when and nature of offenses: _____

EMPLOYMENT DESIRED:

Position(s) applied for: _____ Full time Part time _____ hours/week
Horizon Business Center West is a Drug Free Workplace. Are you willing to take a physical examination and/or drug screen? YES NO
Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____
List professional, trade, business, or civic activities and offices held, **excluding groups that 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 _____
Salary/Wage desired \$ _____. Date available to start work: ____/____/____.
Name, address, telephone number and relation of person to be notified in the event of an accident or emergency: _____

PERSONAL CHARACTER REFERENCES (Do NOT include relatives or former employers):

Name	Relationship	Years Known	Address & Phone #	Best time to Call

EDUCATION:

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary_____			
High School_____			
College_____			
Graduate_____			
Vocational/Training_____			

EMPLOYMENT: List below all present and past employment, beginning with the MOST recent through last 10 years. (Use extra page if necessary):

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
		_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

PERSONAL INFORMATION:

Have you ever been bonded, and if so, by whom? _____

Have you ever been refused for bond, and if so, why? _____

(Clerical applicants not required to answer these questions.) _____

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? YES NO

If yes, Type of duty and list date of active duty: _____

From: ____/____/____ To: ____/____/____

What Branch: _____ Rank at discharge: _____ Discharge: Honorable Dishonorable Medical General

Applicant: Please Read Carefully:

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

RELEASE, AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify all of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information and copies of any and all employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that I will not divulge to anyone other than as I may be directed by Horizon Business Center West, any information acquired by me during any employment with Horizon Business Center West.

I agree, understand and acknowledge that my employment with Horizon Business Center West is for an indefinite term and "AT-WILL" and may be terminated by Horizon Business Center West or myself at any time for any reason, with or without cause and without prior notice.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no representatives. I hereby authorize the Company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me for the value of the property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not forever barred. I waive any limitation period to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay to the Company any and all costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my entire background investigation is completed and my pre-employment drug screen and physical (if such physical) are known.

I hereby release every person or entity which shall comply with the authorization and request made herein from any and all liability of every nature and kind.

_____ / ____ / ____

Print Name

Signature

Date