



Application for Employment

6578 Roger Drive Suite A
Jenison, Michigan 49428
P 616.662.1623
F 616.662.2166

| | |
|---------------------|-------|
| **Office Use Only** | |
| Manager/Supervisor | _____ |
| Building Name | _____ |
| Pay Rate | _____ |

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department at HRpersonnel@hitec-services.com or 1-888-345-5314.

(Please Print)

Position(s) applied for: _____ Date of Application: ____/____/____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home: (____) _____ Other: (____) _____ Social Security: _____

If you are under 18, and it is required, can you furnish a work permit? Yes _____ No _____

If no, please explain: _____

Have you ever been employed here before? Yes _____ No _____

Are you legally eligible for employment in this country? Yes _____ No _____

Are you able to meet the attendance requirement of the position? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

Conviction will **NOT** necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

EMPLOYMENT HISTORY

Please provide the following information for your part three (3) employers starting with the most recent.

From To Employer Telephone

Job Title Address

Supervisor Nature of Work Performed & Job Responsibilities

Reason for Leaving Hourly Rate / Salary

From To Employer Telephone

Job Title Address

Supervisor Nature of Work Performed & Job Responsibilities

Reason for Leaving Hourly Rate / Salary

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SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that qualify you as being able to perform job-related functions in the position for which you are applying:

EDUCATIONAL BACKGROUND

| Name & Location | Years Completed | Did You Graduate | Courses |
|-----------------|-----------------|------------------|---------|
| High School | | | |
| College | | | |
| Other | | | |

I confirm that the information provided on this Application (and accompanying resume, if any) is true and complete. I understand that any false information, misrepresentations, or omissions will disqualify me from further consideration for employment, and will result in termination of my employment if discovered after I am hired.

I understand that this application will remain active for a period of 60 days from the date it is submitted to the Company, and that if I wish to be considered for a position after that period of time, I must complete and submit a new application form.

I authorize a complete investigation of all statements and references contained in this application and of my education and employment history, including transcripts of grades, verification of degrees conferred, personnel and discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, educational institutions, and employers requesting or supplying such information, and waive any right to notice of disclosure of such information. I also authorize my prior employers and educational institutions to release to and discuss with the Company any information about my education or employment, including disciplinary history and reports, and waive the right to receive written notice of such disclosure.

Should I receive a conditional offer of employment, I understand that I will be required to submit to a physical, psychological, and/or medical examination. I further authorize any clinic or examiners conducting such examinations to release to and discuss with the Company the results of such examinations. I release from all liability and responsibility all clinics and examiners requesting or providing such information, and waive any right to notice of disclosure of such information.

I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine, or other samples from me and to conduct any other necessary tests to determine the presence of alcohol, drugs, or controlled substances. I release the Company from any liability arising out of such test or its results. Further, I give my consent for the testing facility to release to and discuss with the Company the results of the tests. If I am accepted for employment by the Company, I consent to be tested in the above manner during my employment when, in the Company's sole judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with Company's substance abuse policy is a condition of my employment.

I understand that my employment will be on an at will basis. This means that either I or the Company may terminate the employment relationship at any time, for any reason, with or without cause, and with or without prior notice, warning, or discipline. I understand that no person other than the President of the Company has authority to offer employment for any specified period or to enter into any contract of employment. Moreover, no such agreement by will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President of the Company

Signature of Applicant: _____ Date: _____



Equal Opportunity Information

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Qualified applicants are considered for employment and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, disability or handicap, or other protected characteristics.

To help us comply with Federal and State Equal Employment Opportunity record keeping; reporting and other legal requirements please answer the questions below.

The information on this form will be kept in a confidential file separate from the attached application for employment.

(Please Print) **Date:** _____

Position Applied For: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Sex:

Male: _____ Female: _____

Race/Ethnicity:

White: _____ African American: _____ Hispanic: _____

American Indian/Alaskan Native: _____ Asian/Pacific Islander: _____

Status:

Vietnam Era Veteran: _____ Disabled Veteran: _____

Handicapped Individual: _____

Marital Status:

Married: _____ Single: _____ Divorced: _____ Widowed: _____

Misc:

Number of Children: _____ Age 40 to 70: Yes _____ No _____

Revised (09-08)

****Confidential****

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