FLAIRWOOD

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Date of Application

State

Zip Code

City

Position(s) Applied for

Street Address

Print Name (Last, First, & Middle)

Main Phone Number Alternate Phone Number		Email	Email		
	present or previous employers iods of time. If self-employed,	_	· ·		
Name of Employer		Supervisor	May we	e contact?	
			☐ Yes [□ No	
Street Address		Main Phone Number			
Dates Employed (Month/Year)		Pay Rate			
From	То	Starting	Final		
Job Title and Duties		Reason for Leaving			

Name of Employer		Supervisor	May we contact?	
			□ Yes □ No	
Street Address		Main Phone Number		
Dates Employed (Month/Yea	r)	Pay Rate		
From	То	Starting	Final	
Job Title and Duties		Reason for Leaving		
		<u> </u>		
Name of Employer		Supervisor	May we contact?	
			☐ Yes ☐ No	
Street Address		Main Phone Number		
Dates Employed (Month/Year)		Pay Rate		
From	То	Starting	Final	
Job Title and Duties		Reason for Leaving		
Have you ever been involunta	rily terminated or asked to res	ign from any job?	☐ Yes ☐ No	
If yes, please explain				

Please explain a	any gaps in your emplo	yment history:			
Please list any o	other experience, job r	elated skills. addit	ional language	s. or other qualification	ons that you believe should b
	valuating your qualific				
EDUCATION Please describe	your educational back	ground in the tah	ale provided he	low	
riease describe	your educational back		Diploma/		Specialized Training,
	School Name	Years	Degree	Course of	Skills, or Extra-
		Completed	(Yes/No)	Study/Major	Curricular Activities
High School					
College/					
University					
Graduate/					
Professional					
School					
Trade School					
Trade School					
Other					
RUCINECE AND DE	ROFESSIONAL REFERENCES				
	e professional references	es of individuals v	vho are not rel	ated to you.	
Name and Titl		Relationship			mber or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title		Relationsh	Relationship and Years Acquainted		Phone Number or Email		
ENER/	AL INFORMATIO	N					
1.	Have you ev	er used another	name?				□ Yes □ No
2.	Is any additi	onal information	n relative to nam	ne changes, us	e of an assum	ed name, or nick	name necessary to enabl
	check on yo	ur work and edu	cational record?)		Ye	es 🗆 No
	a. If ye	s to either of the	e above, please	explain:			
2	Heve vev ev	auaul.aul.fau.th	.:				□ Vac □ Na
3.	•						□ Yes □ No
4							
4.	•						
_							
5.		e are you avalla available to wor		K!			
6.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Williay	Tuesday	Wednesday	Thursday	Filuay	Saturday	Sulluay
7.	Are you ava	lable to work? [☐ Full-time ☐ P	art-time	Shift Work	☐ Temporary	
8.	Minimum sa	lary required:			Per Hour \$_	Per N	Лonth \$
9.	If hired, wou	ıld you have a re	eliable means of	transportatio	n to and from	work?	□ Yes □ No
10	. Can you trav	el if the position	n requires it?				□ Yes □ No
11	. Can you relo	cate if the posit	ion requires it?.				□ Yes □ No
12	. Are you at le	east 18 years old	l?				□ Yes □ No
						ninimum legal ag	
13	. If hired, can	you present evi	dence of your id	entity and leg	al right to wor	k in this country?	² □ Yes □ No
14	. Are you able	to perform the	essential job fur	nctions of the	job for which	you are applying	with or without reasonal
	accommoda	tion?				Yes □	□ No
	a. Not	e: We comply w	ith the ADA and	consider reaso	onable accomi	modation measu	res that may be necessar
	for o	ualified applica	nts/employees t	o perform ess	ential job fund	ctions.	

Please <u>read and initial</u> each paragraph l		
related to my suitability for employment the Company any and all letters, reports such disclosure. In addition, I hereby	and, further, authorize the prior employ and other information related to my wo release the Company, my former emp	s, work record, education and other matters yers and references I have listed to disclose to ork records, without giving me prior notice of ployers and all other persons, corporations, arising out of or in any way related to such
I hereby authorize the Company t Police I-CHAT criminal history tool.	o conduct a criminal history check startir	ng with, but not limited to, the Michigan State
In the event of my employment regulations of the Company.	t with the Company, I understand that	I am required to comply with all rules and
is required to continue the employmen	t relationship for any specific term. I fur at any time, with or without cause, and	is at-will, and that neither I, nor the Company or I may with or without notice. I understand that the way by any oral modifications.
ensuring a safe working environment. I	understand that I, and every employee, hes and guidelines and following the direct	npany and that the Company is committed to nave a responsibility to prevent accidents and ctions of my site supervisor. I understand and afety and health.
the undersigned applicant, have persor	nally completed this application. I under any document used to secure employ	best of my knowledge. I further certify that I restand that any omission or misstatement of the remaining ment shall be grounds for rejection of this elapsed before discovery.
		ovide satisfactory evidence of my identity and serequire me to complete an I-9 Form in this
I understand that if any term, posevered and the remainder of this Agree		s declared void or unenforceable, it shall be
MY SIGNATURE BELOW ATTESTS TO THI	E FACT THAT I HAVE READ, UNDERSTANI	D, AND AGREE TO ALL OF THE ABOVE TERMS.
Signature:	Name (print):	Date:

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