



12273 North US 131 Schoolcraft, MI 49087
Phone: (269) 679-2100 Fax: (269) 679-2157

Application for Employment

Please be sure that all of your responses on this application are complete and truthful. Any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, may result in the termination of any further consideration or discharge if you become employed.

Our company is an equal opportunity employer. We do not discriminate in consideration or hiring because of race, color, religion, sex, national origin, height, weight, marital status, familial status, age, non-disqualifying disability, veteran status, or any other characteristic protected by law.

1. Name (Last) (First) (Init)

2. Address (No. & Street) (City) (State) (Zip) | 3. Telephone Number 4. Alternative Number

5. Emergency Contact Person (Name) (Phone) | 5b. Relationship

6. Position applying for: | 6b. Date available for work

7. Have you worked for this Company before? Yes / No | 8. Do you have reliable transportation? (Describe)

9. Do you know anyone who currently works for this company?
Yes / No Name(s) Relationship: | 10. How were you referred to this company?

11. Have you ever been convicted of a felonious criminal offense or have any pending felonious criminal cases other than minor traffic violations? Yes / No
Please describe:

12. Education
Name of schools attended Location | No. of Years | Subject | Diploma/Degree
Completed

13. Employment Experience:
Begin with most recent job. (Please include resume)

Employer Telephone Job Title Dates Employed (From) (To)

Address City State Zip Last Hourly Rate/ Salary

Reason for leaving May we contact this employer? Yes / No

Employer	Telephone	Job Title	Dates Employed (From)	(To)
Address	City	State	Zip	Last Hourly Rate/ Salary
Reason for leaving			May we contact this employer? Yes / No	

Employer	Telephone	Job Title	Dates Employed (From)	(To)
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Employer	Telephone	Job Title	Dates Employed (From)	(To)
Address	City	State	Zip	Last Hourly Rate/ Salary
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Employer	Telephone	Job Title	Dates Employed (From)	(To)
Address	City	State	Zip	Last Hourly Rate/ Salary
Reason for leaving			May we contact this employer? Yes / No	

14. Business References (Do Not List Immediate Family Members or Other Relatives)

Name	Telephone Number	Relationship	Number of Years Known

Additional Comments and/or remarks:

FOR PERSONNEL USE ONLY

Interview Date: _____		Start Date: _____
Interviewed By: _____		New Hire: _____ Rehire: _____
References Checked: _____		Classification/Code: _____
Comments: _____		Pay Rate/ Salary: _____

Applicant Data Record

This application will remain property of Concept Molds.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. As an Equal Employment Opportunity Employer, Concept Molds will conduct all practices related to recruitment, selection, hiring, training, supervision, compensation, promotion, demotion, transfer, layoff, discipline, termination, and/or other terms and conditions of employment in a manner which comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government recordkeeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

(PLEASE PRINT ALL INFORMATION)

Date: _____

Position(s) Applying for: _____

How did you hear about us? Advertisement Friend/Relative Walk-in
 Employment Agency Other _____

Name _____ Phone (____) _____

Address _____
Number/Street City State Zip Code

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if CONCEPT MOLDS, at any time, should determine that any requested or relevant information was withheld by me or any of my statements are false or misleading, I may be discharged.
2. **Employment at Will:** If hired by CONCEPT MOLDS, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to CONCEPT MOLDS; I agree that CONCEPT MOLDS also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
3. **Limitation on Claims:** I agree that any lawsuit against CONCEPT MOLDS and/or its agents arising out of my employment, or my application for or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
4. **Authorization to Work:** If I am selected for hire, I agree to certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986, as amended.
5. **Need For Accommodation:** If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, I understand that I must notify CONCEPT MOLDS of this need. Failure to do so in writing within 182 days after I know or reasonably should have known that an accommodation is needed may bar me from alleging that CONCEPT MOLDS has not accommodated me as required by law.
6. **Drug Testing:** I agree to provide CONCEPT MOLDS with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
7. **Physical Exam and Release of Medical Information:** I understand that any job offer may be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
8. **Security:** I agree that the contents of any offices, work spaces, desks, lockers, computer and computer generated data, any CONCEPT MOLDS property I may be using, as well as my person and any property I bring onto CONCEPT MOLDS' premises, may be inspected by CONCEPT MOLDS at any time, and I waive and promise not to make any claims against CONCEPT MOLDS (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by CONCEPT MOLDS, I will not disclose to anyone or use for my own purposes, any of CONCEPT MOLDS' confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to CONCEPT MOLDS all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.
9. **Consideration for Employment:** I agree to the above terms. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a contract signed by both CONCEPT MOLDS and me and authorized by a written resolution of CONCEPT MOLDS, and that no person in CONCEPT MOLDS has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of CONCEPT MOLDS are subject to exception or change at any time as decided by CONCEPT MOLDS. in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date _____, 20____ Signature of Applicant _____

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with CONCEPT MOLDS.

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to CONCEPT MODLS any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to CONCEPT MOLDS. I further authorize all educational institutions I have attended to disclose to CONCEPT MOLDS any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to CONCEPT MOLDS.

I understand that under Michigan's Bullard-Plawecki Employee-Right-To-Know Act I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to CONCEPT MOLDS, or to any employment decisions made by CONCEPT MOLDS as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name _____
(Please Print)

Signature _____ Date _____, 20__