



DATE: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT  
PERSONAL INFORMATION



Name (print) \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
 Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
 Are you 18 years old or older? \_\_\_\_\_ Birthday (Month) \_\_\_\_\_ (Day) \_\_\_\_\_

GENERAL INFORMATION

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_  
 Referred By \_\_\_\_\_ Have you ever worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
 Relatives employed by this company \_\_\_\_\_  
 Do you want to work  Full Time  Part Time Specify days and hours, if part time \_\_\_\_\_  
 If required, can you work weekends, midnights and holidays? \_\_\_\_\_  
 Have you ever been convicted of having committed a felony?  NO  YES If yes, describe \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever been bonded before?  Name of Company you worked for when bonded \_\_\_\_\_  
 Name of Company which bonded you? \_\_\_\_\_ Have you ever been discharged from any position? \_\_\_\_\_  
 If yes, describe \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION

School	How Many Years	Name of School	Location	Major Subject	Did You Graduate? (Degrees?)
Grammar					
High School					
College					
Correspondence					
Other - Apprentice					
Business or Vocational					
School & Seminars					

What business machines can you operate? \_\_\_\_\_  
 Are there any other experiences, skills or qualifications which you feel would fit you for work with this company?  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please give reasons for any lapse of time between places of employment)

DATES		NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE
FROM	TO		START	FINISH	
KIND OF BUSINESS			REASON FOR LEAVING		
DESCRIBE IN DETAIL THE WORK YOU DID					

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DESCRIBE IN DETAIL THE WORK YOU DID					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish contacted

Have you ever served in the Armed Forces? \_\_\_\_\_ If yes, what branch \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Rank \_\_\_\_\_ Service Serial Number \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_ Reserve or National Guard Status \_\_\_\_\_

**PERSONAL REFERENCES**  
 (Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone Number

List three Credit References \_\_\_\_\_ Have you been bankrupt or insolvent? \_\_\_\_\_  
 \_\_\_\_\_ If yes, where? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S CERTIFICATION,  
AUTHORIZATION, WAIVER AND ACKNOWLEDGMENT**

I certify the facts set forth in my employment application submitted to *Speedy Q Markets, By-Lo Oil Co. and Craig Food Stores* are true and complete. I understand that if I am employed and it is discovered I have made any false statements on my employment application, such false statements shall subject me to immediate dismissal.

You are authorized to make an investigation of my employment history through any investigative agencies or bureaus of your choice, and you may contact my current or any of my former employers and I give such employers the right to release information to you and all records of my employment, excluding medical records. I further understand you may require a driving record and I authorize you to obtain such a report. I understand that you reserve the right to make a conditional offer of employment which would be conditioned upon the results of a medical examination including, but not limited to, any drug screening tests which are required by the company.

If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the company in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Rights Act.

This application is current for a period of ninety (90) days from the date I sign it. At the conclusion of this time, if I have not been employed by the company and wish to be considered for employment, it will be necessary for me to fill out and submit a new application.

I understand and agree if I am hired by the company, unless specifically set forth in writing the contrary and signed by the President of the company and myself, my employment will be for no definite period of time, and may be terminated at any time with or without cause.

If hired by the company, I agree that any claim or lawsuit arising out of my employment with the company, or my application for employment with the company, must be filed no more than six (6) months after the date of my employment or within six (6) months of the action by the company that is the subject the claim or lawsuit. I understand the Statute of Limitations for claims arising out of an employment action may be longer than (6) months, and I agree to be bound by a six (6) month Statute of Limitations for any claim arising out of my employment with the company. I waive any Statute of Limitations to the contrary, unless such waiver is prohibited by State, Federal or local law.

I have read and understand the above statements.

\_\_\_\_\_  
(Applicant)

Date: \_\_\_\_\_