

APS EMPLOYMENT SERVICES, INC.

APPLICATION FOR EMPLOYMENT

APPLICATION must be filled out on the premises. You may NOT take this application home to fill out and you may NOT fill it out in your car.

NOTICE TO APPLICANTS:

APS Employment Services is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State and Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known. Please note that this application will only remain active for 1 year, after which the applicant would need to reapply.

FOR THIS APPLICATION TO BE CONSIDERED, YOU MUST FILL IN ALL INFORMATION AND PRINT CLEARLY. IF THE QUESTION DOES NOT APPLY WRITE N/A. DO NOT LEAVE THE SPACES BLANK OR REFER TO YOUR RESUME. FILL OUT EVERY SECTION AND SIGN WHERE REQUIRED. FAILURE TO DO SO MAY RESULT IN BEING WITHDRAWN FOR THE APPLICATION PROCESS.

DATE _____ **SOCIAL SECURITY NO.** _____

NAME _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(STREET) (APT #)

(CITY) (STATE) (ZIP)

PHONE NUMBER (____) _____ **ALT.PHONE** (____) _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS _____

The Position you are applying for: _____

Have you ever been employed by this company before? Yes No

If yes, provide dates of employment: _____

I certify that the information contained in this application is true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

Signature

Date

INSTRUCTIONS: ANSWER ALL QUESTIONS IN THIS APPLICATION. QUESTIONS IN THIS SECTION MAY BE JOB-RELATED OR REQUIRED BY STATE OR FEDERAL LAW. IT DEPENDS ON THE TYPE OF JOB FOR WHICH YOU ARE APPLYING. YOUR ANSWERS WILL NOT BE CONSIDERED UNLESS THE INFORMATION IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

CURRENT AND PREVIOUS EMPLOYMENT

Begin with your most recent or present employer

May we contact your current employer? YES or NO When will you be available to start work? _____

1. Company Name _____ Dates: _____

Address: _____ Phone: _____

Position: _____ Supervisor: _____

List job duties: _____

Reason for separation: Laid off _____ Quit _____ Terminated _____

2. Company Name _____ Dates: _____

Address: _____ Phone: _____

Position: _____ Supervisor: _____

List job duties: _____

Reason for separation: Laid off _____ Quit _____ Terminated _____

3. Company Name _____ Dates: _____

Address: _____ Phone: _____

Position: _____ Supervisor: _____

List job duties: _____

Reason for separation: Laid off _____ Quit _____ Terminated _____

Please account for any gaps in your employment:

List any friends/relatives working with us now: _____

What do you know about APS ? _____

Have you ever been convicted of a crime except a minor traffic violation? Yes or No

If so, describe and place where offense occurred. _____

Are there any felony charges pending against you ? _____

(Answering "yes" to these questions does not constitute an automatic bar of employment. Factors such as date of the offense, seriousness and nature of the violations, rehabilitation and position applied for will be taken in account. Convictions will necessarily disqualify you from employment)

General Information

Are there any hours or days of the week you cannot work? _____
If so, when? _____

Salary or Hourly rate desired? _____ Type of employment? Full _____ Part _____

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of your current employer _____

Education

Name of High School _____ Last years completed 1 2 3 4

City and State: _____

Did you graduate? Y or N Diploma or Degree _____

College: _____ City: _____ State: _____

Year graduated _____ Years completed 1 2 3 4 Degree _____

Specialized Training? _____

Personal References (Do not list any relatives)

Name	Address	Relationship	Phone
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

Military Experience

Do you have any US Military Experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____

Honorably?: _____

Are you lawfully authorized and eligible to work in the United States? _____
If yes, verification will be required.

ADDITIONAL INFORMATION

1.) Are you a citizen of the United States? Yes or No

2.) Are you over the age of 18? Yes or No

3.) Do you possess a valid driver's license? Yes or No

4.) Have you ever been bonded? Yes or No

6.) How many words per minute can you type? _____

7.) What computer software have you had experience with? _____

8.) Have you ever been employed under a different name than the name you use now? (For employment verification purposes only) ? _____

9.) Have you ever managed people before? _____ How Many? _____

10.) Have you ever had the responsibility of disciplining or discharging a subordinate? _____

11.) Are you willing to work weekends, holidays or through lunch if required? Yes or No

12.) Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation(s)? Yes or No

13.) List any additional job skills or special training _____

14.) Do you hold any special license or certification? (list) _____

15.) Do you smoke? Yes or No

16.) If you are applying for a driving position, please list any points or violations on your driving record.

17.) Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

18.) Emergency contact: _____ Phone: _____

19.) Is the address shown on the Driver's License or ID card your present legal address? Y or N

PLEASE READ AND SIGN BELOW

“AT-WILL” EMPLOYMENT DOCTRINE

I am aware that this application does not in any way constitute a contract or agreement of any kind. I agree and I am fully aware if I am employed that either this employer or I may terminate my employment and my compensation at any time, with or without reason and with or without prior notice. I am aware that no supervisor, manager or other representative of this employer other than the CEO has any authority to enter into any employment agreement with me for any reason or for any specific period of time or make any agreement contrary to the foregoing provisions; and further that any such agreement must be made in writing by the CEO. I submit that the information provided by me in this application for employment is true and complete. I am aware that if I am employed any false, missing or even misleading statements may be considered as reason for possible discipline up to and including immediate discharge.

PRE-EMPLOYMENT TESTING

As an applicant of this company, I am fully aware and completely understand that the Department of Labor permits non-remunerated pre-employment testing. I am aware and agree that I may be reviewed and tested and not paid for any review/test period required by this company. I am also aware, I agree and I understand that I am NOT an employee of this company during this review/ test period and that I am NOT performing work or services in any way. If and only If, I have been determined to have passed my pre-employment review/testing period and tasks, as solely determined by management, then and only then will I be considered an employee and my remuneration begins at that time.

DRUG & ALCOHOL

To ensure the health and safety of our employee and our client's employees. All APS employees are prohibited from using drugs on or off the clients and/or APS premises. Possession of paraphernalia used in the connection with the use of any drugs is evidence of violation of this rule.

As a part of this policy prohibiting drug and alcohol, testing may be required. If an employee violates the drug and alcohol policy by testing positive in a confirmed test, it will result in immediate discharge. Also refusal to cooperate in the testing process is equivalent to testing positive.

Testing for drugs and alcohol requiring blood and/or urine samples may occur in the following situations:

- 1.) PRE-EMPLOYMENT JOB POSITIONS
- 2.) ANY EMPLOYEE INVOLVED IN AN ACCIDENT
- 3.) ANY EMPLOYEE EXHIBITING SIGNS OF PROBABLE CAUSE TO BELIEVE HE/SHE IS INTOXICATED OR IMPAIRED.
- 4.) SOMETIMES RANDOM TESTING IS REQUIRED

Violation of these policies constitutes grounds for immediate discharge. I have read and understand all the above policies.

Signature

Date

Print Name

AUTHORIZATION FOR BACKGROUND CHECKS

The job for which you are being considered may require that we obtain a credit, consumer, and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record, and/or a criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. It is APS's policy to consider any and all information available that is relevant to a candidate's suitability and qualifications for the position for which the candidate is being considered.

Further information on the nature and scope of such reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act. If hired this authorization shall remain on file and shall serve as an ongoing authorization for APS to procure consumer reports at anytime during my employment period.

I authorize investigation of all statements contained in this application for any employment-related purpose. I realize the listed references and all employer's, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to APS.

I authorize APS Employment Services, to investigate my personal history, character, educational and training records, employment records, credit history, driving record and criminal history, as they may be relevant to determine my suitability for employment with APS. A photocopy of this signed authorization will carry the same effect as the original.

Employment Condition

As a condition of my employment, I agree not to commence any action or suit relating to my employment relationship with APS more than 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statute, whichever is less. Further, I agree to waive any statute of limitation exceeding 301 days.

Signature

Date

Printed Name

Social Security #

APS EMPLOYMENT SERVICE
1811 N. Michigan Ave
Saginaw, MI 48602
989-921-0358 Fx: 989-921-0364
placement@apsemploymentservices.com

Reference Check Form

Attention:

Name of Previous Supervisor

Phone Number

Company

Address

City

State

Zip

Applicant Name

Social Security Number

/ /

/ /

Job Title

Start Date

End Date

Reason for Leaving

I hereby authorize you to issue to APS Employment Services any information requested regarding my work performance and do hereby release you and your company from any and all damage whatsoever, which might result from furnishing the same.

/ /

Signature

Date

FORMER EMPLOYER SECTION

Performance

☐ Excellent

☐ Good

☐ Poor

Appearance

☐ Excellent

☐ Good

☐ Poor

Attendance

☐ Excellent

☐ Good

☐ Poor

☐ Yes ☐ No

Would you rehire this individual?

☐ Yes ☐ No

Was all information accurate? If not please indicate discrepancies.

☐ Yes ☐ No

Would you like to receive information about APS.

Remarks:

X

Signature

Date