

Application for Employment

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.



Business Office:
 8535 Byron Commerce Dr. SW
 Suite B
 Byron Center, MI 49315
 (616) 878-0518

Manufacturing Plant:
 1233 Cutting Industrial Dr.
 Moline, MI 49335
 (616) 877-0325

Application Date:		<i>How did you hear of us?</i>	
Position:	Type: FT PT <small>(circle one)</small>	<input type="checkbox"/> Referred by:	
Desired salary/wage:		Earliest date you can begin work:	
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Preferred shift: <input type="checkbox"/> 1st <input type="checkbox"/> 2 nd <input type="checkbox"/> doesn't matter			

Applicant Information

<i>Name:</i>		<i>Phone Number:</i>	
<i>Address:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	
<i>Email Address:</i>		Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you legally entitled to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment History (Please provide employment history beginning with your most recent employer)

Dates		Employer:	Phone:
From		Supervisor Name:	Position:
To		May we contact this employer for a reference? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Reason for leaving:</i>			
<i>Ending Salary/Wage</i>			
Dates		Employer:	Phone:
From		Supervisor Name:	Position:
To		May we contact this employer for a reference? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Reason for leaving:</i>			
<i>Ending Salary/Wage</i>			
Dates		Employer:	Phone:
From		Supervisor Name:	Position:
To		May we contact this employer for a reference? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Reason for leaving:</i>			
<i>Ending Salary/Wage</i>			
Dates		Employer:	Phone:
From		Supervisor Name:	Position:
To		May we contact this employer for a reference? <input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Reason for leaving:</i>			
<i>Ending Salary/Wage</i>			

Skills/Qualifications

Please list any specific skills or qualifications you have which could be applied in this position:

Education

Name of High School: _____ Circle Last Grade Completed: 9 10 11 12
 Do you have one of the following? Diploma GED Certificate

Name of College/University: _____ Circle Last Grade Completed: 1 2 3 4
 If Graduated, type of degree and date issued: AA BS Date issued: _____ Subject area: _____

Name of Trade School: _____ Years attended: 1 2 3 4
 Do you have one of the following? Diploma Certificate Date issued: _____ Subject area: _____

Location addresses:

- 294 84th St. SW Byron Center MI 49315 (616) 878-1581
- 1550 Huntington Ave. Calumet City IL 60409 (708) 331-5700
- 160 84th St. SW, Ste. 8 Byron Center MI 49315 (616) 551-3382
- 1233 Cutting Industrial Dr. Moline MI 49335 (616) 877-0325
- 6472 S. Greenville Rd. Greenville MI 48838 (616) 754-4665
- 2492 84th Ave. Zeeland MI 49464 (616) 748-0660

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements continued herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____

Signature: _____

Applicant, do not write below this line

Interviewer comments: