

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

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you 18 years of age or older? YES NO

Are you legally entitled to work in the U.S.? YES NO

Have you ever been convicted of a crime (felony or misdemeanor)? YES NO

If yes, please describe the crime _____

(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The date of the offense, nature, and details surrounding the offense, however, may be considered.)

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

Skills/Qualifications

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

Education

<i>Name of High School:</i>	<i>Circle Last Grade Completed:</i>	9	10	11	12
<i>Do you have one of the following?</i> <input type="checkbox"/> Diploma <input type="checkbox"/> GED Certificate					
<i>Name of College/University:</i>	<i>Circle Last Grade Completed:</i>	1	2	3	4
<i>If Graduated, type of degree and date issued:</i> <input type="checkbox"/> AA <input type="checkbox"/> BS Date issued: _____ Subject area: _____					
<i>Name of Trade School:</i>	<i>Years attended:</i>	1	2	3	4
<i>Do you have one of the following?</i> <input type="checkbox"/> Diploma <input type="checkbox"/> 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:
