

GARR TOOL COMPANY

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Date of Application _____

(PLEASE NOTE THAT THIS APPLICATION WILL REMAIN
ACTIVE ONLY FOR 3 MONTHS)

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or disability requiring accommodation to perform the 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. Federal law has no such requirement.

Name: _____
Last First Middle

Date You Can Start: _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Work (_____) _____

Are you 18 years or older? _____ Yes _____ No

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

Wages Expected _____ Type of Employment: _____ Full-time _____ Part-time

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

Have you ever applied to this Company before? _____ For what position? _____

Under what name? _____ When? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes
(The response to this question will be considered in the context of its job-relatedness only.)

If so, please state citation, date and place where offense occurred. _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

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. _____

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
Name Relationship to You

Street City/State Telephone No.

CURRENT AND MOST RECENT FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May We Contact The Employers Listed? Yes No

If not, which one(s)? _____

* * * *

Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I agree that, if I am hired, I will sign a Non-Compete/Non-Disclosure Agreement, which is a condition of my employment. If I fail to do so, that will result in the termination of the employment relationship.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this application may result in termination of the hiring process or employment relationship.

I understand and agree that, if hired, my employment status is at-will. Therefore, my employment is for no definite period; and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, 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 you.

I understand and agree that any employment-related claim, complaint, action or suit relating to my employment with this Employer or the hiring process must be commenced not more than one hundred eighty (180) calendar days after the event giving rise to the claim, complaint, action, or suit; or later than the applicable limitations period established by statute, whichever is less.

Date Signature

*Employers specifically excepted: _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: Yes ____ No ____

Starting Date: _____ Position: _____ Full ____ Part Time ____

Starting Wage: _____ Regular ____ Temporary ____