



# APPLICATION FOR EMPLOYMENT

5555 Corporate Exchange Court SE \* Grand Rapids, MI 49512 \* (616) 940-3300 \* www.htipp.com

## Basic Information

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Drivers license #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

## Job-Related Information

**Hi Tech** is an equal opportunity employer and does not discriminate on the basis of race, religion, height, weight, color, gender, national origin, handicap, marital or veteran status.

Position(s) applied for or type of work desired: \_\_\_\_\_  
\_\_\_\_\_

Kind of work sought: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Other \_\_\_\_\_

If part-time, please specify hours and days desired: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Do you have reliable transportation to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date you are able to start work: \_\_\_\_\_

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Have you been convicted of a crime in the last seven (7) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Summarize any job-related training, skills, licenses, certificates and other qualifications: \_\_\_\_\_

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List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicate race, religion, gender, national origin, height, weight, handicap, marital or veterans status: \_\_\_\_\_

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State any additional information that you feel may be helpful to us in considering your application: \_\_\_\_\_

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**Employment Experience** *(List current or most recent job first)*

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
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Supervisor			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

## **Education**

	Name/Location	Years Completed	Diploma Degree	Courses of Study
High School				
College				
Graduate				
Vocational/ Training				

Any other educational training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **References** *(Do not include relatives or former employers)*

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

## **Authorization and Understanding**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any of the information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to termination at any time during my employment.

I UNDERSTAND THAT HI TECH IS AN "AT-WILL" EMPLOYER, AND EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME. I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions on employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the President or his designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

\_\_\_\_\_  
Signature

**AUTHORIZATION AND RELEASE**

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, criminal record, education, credentials, credit and references. I voluntarily and knowingly authorize the company and/or its agents to verify any aspect of the information contained in my employment application/resume or through public and private sources. I further understand that misrepresentations or omissions in my employment application/resume may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I voluntarily and knowingly authorized any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the preemployment background and investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

May your current employer or references associated with your current employment be contacted?

Yes \_\_\_\_\_ No \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
Last First Middle

Other Names Used (include maiden name, aliases and nick names): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_