



APPLICATION FOR EMPLOYMENT

4705 Industrial Dr.
Millington, MI 48746

PHONE (989) 871-4550
FAX (989) 871-2291

Type of Employment Desired Today's Date: _____ Position Desired: _____
 Full-time
 Part-time Date Available: _____ Earnings Expected: _____

PERSONAL INFORMATION

Last Name:	First Name:
If any records are under another name please state:	
Address:	
Phone #	Alternate Phone #
Are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no	Authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any relatives employed by Advanced Decorative Systems? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please give names:
Have you ever worked for Adv. Decorative Systems in any capacity? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, in what capacity: <input type="checkbox"/> full time <input type="checkbox"/> part-time <input type="checkbox"/> temp Dates:
How were you referred here?	
Additional education, training or skills you think should be included:	
How do you think you can benefit this company?	

REFERENCES

Give name & phone number of 3 references not related to you.

1.	
2.	
3.	

WORK EXPERIENCE

Starting with the present or last employer, give your employment record

Company Name:	Starting date:	Ending date:	Title & Duties:
Address:	Starting wage:	Ending wage:	Name of Supervisor & Title:
Phone ()	May we contact <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving:
Company Name:	Starting date:	Ending date:	Title & Duties:
Address:	Starting wage:	Ending wage:	Name of Supervisor & Title:
Phone ()	May we contact <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving:

WORK EXPERIENCE (Continued)

Company Name:	Starting date:	Ending date:	Title & Duties:
Address:	Starting wage:	Ending wage:	Name of Supervisor & Title:
Phone ()	May we contact () yes () no		Reason for leaving:
Company Name:	Starting date:	Ending date:	Title & Duties:
Address:	Starting wage:	Ending wage:	Name of Supervisor & Title:
Phone ()	May we contact () yes () no		Reason for leaving:

EDUCATION AND TRAINING SCHOOLS & LOCATION

Starting with most recent, list College, High School & Other

Name:	Graduated Yes or No	Degree Received	Major courses of study

AUTHORIZATION

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changes, and no additional obligations can be imposed on the Company except those, which have been acknowledged in writing, by the president or his/her designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statues, must be brought within 90 days for the event giving rise to the claim or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature

Date