



Application For Employment

Please print or type.
The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

A person with a disability or handicap requiring accommodation for completing the application process should notify Human Resources as soon as possible. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Personal Information

Name: First, Middle, Last

Address	City	State	Zip
Phone number	Email address		
Are you legally authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when and what was the nature of the offense?			

Position

Position you are applying for	Available start date	Salary Expectations
Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Referred by:	

Education

School / Institution Name	Location	Years Completed	Degree	Major

List Employment Related Professional Licenses, Certifications or Organizations:

References (business and professional only)

Name	Title	Company	Phone

Employment History: most recent first. All present and past employment (attached additional sheets if necessary)

Employer Name	Job Title		Dates employed
Address	City	State	Zip
Work Phone	Supervisor		Reason for Leaving
Job Duties			

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Summarize other employment related to this job:

Signature Disclaimer

I certify that all the information submitted by me on this application and throughout the selection process is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In addition, I understand this application does not create an employment agreement between R.L. Deppmann and myself.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company.

Name (please print)	Signature
Date	