

EMPLOYMENT HISTORY

Starting with current or most recent employment, list your work experience. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this section of this Application as well. HRCI may verify all information disclosed in this Section.

Employer	Telephone ()	Dates Employed From To	Summarize the type of work Performed and Job Responsibilities
Address			
Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$ Per		
Reason For Leaving	Hourly Rate/Salary Final		
May we Contact For Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

Employer	Telephone ()	Dates Employed From To	Summarize the type of work Performed and Job Responsibilities
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Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$ Per		
Reason For Leaving	Hourly Rate/Salary Final		
May we Contact For Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

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Reason For Leaving	Hourly Rate/Salary Final		
May we Contact For Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

Comments: _____

Skills and Qualifications – Please list special training skills, licenses and/or certificates that may qualify you in the position for which you are applying.

EDUCATION

HRCI may verify with the sponsoring educational/training facility and/or professional organization/agency all information disclosed in this Section.

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATON	OFFICES HELD

List special accomplishments, publications, awards, etc. EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

Do you hold licensure? Yes No If "Yes," please list below all states/jurisdictions in which you now hold or have held licensure as a professional license:

If you have a professional license, has your professional license ever been voluntarily withdrawn or have you ever been disciplined by subject to reprimand by a professional board or other regulatory agency or has your professional license ever been revoked, suspended, reduced, limited, placed on probation, not renewed Yes No
 If "Yes," please describe in full detail the circumstances and outcome _____

ACKNOWLEDGMENT

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application for Employment are correct and complete. I understand that, if I become employed, any material misrepresentation or omission of fact in this Application or in any resume or other materials submitted in connection with this Application for Employment shall be grounds for my discharge from employment.

I authorize HRCI, as part of its evaluation of my suitability for employment, to verify all education, training and professional licensure/certification/registry claimed by me and to secure from my previous employers and references information concerning my professional accomplishments, skills, work characteristics and ability. For these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

In compliance with the federal Immigration Reform and Control Act, I certify that, if hired, I will provide, within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

I understand that this Application for Employment is not a contract for employment and that, if I am employed, employment with HRCI is “at will.” This means that both HRCI and I each retain the right to terminate my employment for any or no reason with or without cause or notice at any time.

I further acknowledge and agree that no manager or representative of HRCI, other than an Officer/Principal in writing, has the authority to enter into an agreement for employment for any specified period of time, to guarantee any particular position for a specified period of time or to make any binding promises with respect to compensation, promotional opportunities or any other terms or conditions of employment.

I further acknowledge and agree that, if an offer of employment is extended to me, I will not rely on any oral statements made by any manager or other representative of HRCI with respect to any term or condition of employment in deciding whether to accept an offer of employment,

I also understand that, upon the commencement of my employment or during the period of my employment, I may be required to sign as a condition of my employment certain standard agreements protecting HRCI’s confidential/proprietary information, trade secrets and customer/client relationships.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex national origin, citizenship, age, mental or physical disabilities, veterans/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____
Last First Middle Telephone (____) _____

Address _____
Street City State Zip

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races
THIS IDENTIFICATION GROUP IS RECOGNIZED
ONLY IN THE STATE OF MICHIGAN.) |

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position Hired For _____ Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|-------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

