

**CARL SCHLEGEL, INC.**  
**APPLICATION FOR EMPLOYMENT**

*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.*

Position Applied For: \_\_\_\_\_

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

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

Date You Can Start: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

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? \_\_\_\_\_

Salary Desired \_\_\_\_\_ 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? \_\_\_\_\_

**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? \_\_\_\_\_

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. \_\_\_\_\_

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 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 a drug test and/or an employment examination. In the event that I have a disability that will affect my ability to take the employment examination, I will so inform the Company prior to the administration of the examination so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation and the discretion to determine what accommodation would be reasonable.

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 relationship is at-will, 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, which are listed below\*, 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 the Company must be commenced not more than three hundred one (301) 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.

I agree that a copy of this page will have the same force and effect as the original.

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

\*Employers specifically excepted: \_\_\_\_\_  
\_\_\_\_\_

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_