

MICHAEL'S RESURFACING

An Equal Opportunity Employer

Employment Application

This application form is intended for use in evaluating your qualification for employment. **This is not an employment contract.** Please answer all questions completely and accurately. False or misleading statements or omissions of material facts during the interview and/or on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company. I acknowledge reading and understanding the above requirements.

_____ Initials

PLEASE PRINT

Date _____

Name _____
Last First Middle

Telephone No. (_____) _____ Social Security No. _____

May you be contacted at work? Yes _____ No _____ If yes, work number _____

Present Address _____
No. Street City Zip

Permanent Address if different from present address _____
No. Street City Zip

EMPLOYMENT DESIRED

I acknowledge receipt of the job description for the job/position applied for. _____ Initials

If hired, on what date can you start work? _____ Wage/Salary desired: _____

Are you currently employed?.....Yes _____ No _____

May this Company contact your present employer?.....Yes _____ No _____

Are you currently on "layoff" status subject to recall?.....Yes _____ No _____

If yes, name of Employer: _____

PERSONAL INFORMATION

Have you ever worked for any refinishing company before?.....Yes _____ No _____

If yes, when and where? _____ What company? _____

Do you have any friends or relatives working for this company?.....Yes _____ No _____

If yes, state name and relationship _____

Why are you applying for work at this company? _____

If hired, can you present evidence to verify your legal right to live and work in this country?.....Yes ___ No ___

Did you read the attached Job Description?.....Yes ___ No ___

Can you perform the requirements of this job without reasonable limitations?.....Yes ___ No ___

If no, describe the conditions and the nature of your limitations required to perform the essential functions of the job

Have you ever been convicted of a felony?.....Yes ___ No ___

If yes, state nature of crime(s) when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	# Years	Degree/Diploma	Area of Study/Interest
High School				
College/ University				
Vocational/ Business				
Other School				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this Company?.....Yes ___ No ___

Please summarize in detail any abilities, special skills, qualifications, etc. that may qualify you for this position:

If there is anything else you would like to add to be considered in the hiring process please write below:

EMPLOYMENT HISTORY

List your last 4 employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. For dates, list month and year.

Employer	Telephone () -	Dates Employed From / To	Summarize the nature of the Work performed and job responsibilities
Address		/	
Job Title		Starting Pay	
Immediate Supervisor and Title		\$ per	
Reason for leaving		Ending Pay	
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 nature of the Work performed and job responsibilities
Address		/	
Job Title		Starting Pay	
Immediate Supervisor and Title		\$ per	
Reason for leaving		Ending Pay	
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 nature of the Work performed and job responsibilities
Address		/	
Job Title		Starting Pay	
Immediate Supervisor and Title		\$ per	
Reason for leaving		Ending Pay	
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 nature of the Work performed and job responsibilities
Address		/	
Job Title		Starting Pay	
Immediate Supervisor and Title		\$ per	
Reason for leaving		Ending Pay	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ per	

COMMENTS: _____

MILITARY SERVICE

Have you served or are you presently serving in the United States Armed Forces?.....Yes ___ No ___

If yes, which branch? _____

Length of Service? _____

Rank: Upon Entrance _____ At Discharge _____

List fields of service _____

REFERENCES

List below at least three work or business persons you have known at least one year. Do not list relatives or former employers.

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ **Number of Years Acquainted** _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ **Number of Years Acquainted** _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ **Number of Years Acquainted** _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ **Number of Years Acquainted** _____

PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that **the answers given by me are true and correct to the best of my knowledge**. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false information, omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery of such false information, omission or misstatement. I understand that if hired, this Employment Application shall become a permanent part of my employment records.

I hereby authorize the Company and its agents including consumer reporting agencies, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize my former employers, schools, companies, law enforcement authorities and other persons to disclose to the Company any and all letters, reports and other information related to my background and my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I specifically authorize my former employers to disclose to the Company all letters, reports and other information related to my employment and my work records.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Company, **except to the extent that my employment with the Company is “at-will” as set forth below.**

I also understand that the illegal use of drugs is prohibited during employment. If company policy requires, I am willing to submit to drug/alcohol testing to detect the use of alcohol or illegal drugs at any time prior to and during employment.

In addition, **I understand and agree that if I am employed, my employment is “at-will”, which means it is for no definite or determinable period and may be terminated at any time, with or without prior notice**, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing were made or are binding on the Company unless made in writing and signed by me and the Company’s President/Owner or the designated representative of the President/Owner.

This application is current for 60 calendar days. At the conclusion of this time, if I have not been employed by the Company and yet wish to be considered for employment, I understand it will be necessary to complete a new application.

My driving record will be checked with the Department of Motor Vehicles, of any state or any other appropriate authority. I agree to maintain a current and valid driver’s license in the State of Kansas. Any violation or suspension of my driver’s license will result in immediate termination. Any moving violation you incur that increases our cost of insurance will subject you to immediate termination.

A condition of employment will be to sign a Confidentiality Agreement to protect the Company’s trade secrets. Is there any reason you would not be willing to sign such an agreement after reviewing the terms and conditions? Yes No

Date: _____ Applicant’s Signature _____