

4136 Holiday Drive, Flint, MI 48507 \* 810-766-9423

285 E Howard Road, Beaverton, MI 48612 \* 989-426-2420

2380 Manor Road, Au Gres, MI 48703 \* 989-876-0374

**AN EQUAL OPPORTUNITY EMPLOYER**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Last First Middle Initial

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names (if any), under which you have worked or attended school

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # Social Security # Driver’s License #

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FT / PT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Desired Full Time or Part Time Years of Experience

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available to start Are you available to work any shift? If no, please explain.

7. Do you have any commitments to another employer that may affect your employment with us? Yes\_\_/No\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_ / No \_\_\_\_

9. Are there any felony or misdemeanor charges pending against you? Yes \_\_\_\_ / No \_\_\_\_

If you answered yes to question 8 or 9 above, complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | OFFENSE | PLACE | DISPOSITION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. Any military experience? Yes \_\_\_\_ / No \_\_\_\_

If you answered yes to question 10, please complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BRANCH OF SVC | FROM | TO | RANK | DISCHARGE |
|  |  |  |  |  |
|  |  |  |  |  |

11. Education, please complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF SCHOOL/INSTITUTION | ADDRESS | YEARS ATTENDED | MAJOR FIELD | AWARDS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

12. Work Experience. Please list *all* previous employment for the last 7 years and begin by listing your last or present employment first. Attaching a resume ***is not*** sufficient.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATES:  FROM  TO | COMPANY:  NAME  ADDRESS | POSITION | DUTIES | REASON FOR LEAVING | WAGE OR SALARY |
|  |  |  |  |  | $  HR/SLRY |
|  |  |  |  |
|  |  |  |  |  | $  HR/SLRY |
|  |  |  |  |
|  |  |  |  |  | $  HR/SLRY |
|  |  |  |  |
|  |  |  |  |  | $  HR/SLRY |
|  |  |  |  |

**AGREEMENT**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. *(Please initial) \_\_\_\_\_\_\_\_\_\_*

I request that previous employers contacted by **APM Mosquito Control** in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personal record information including disciplinary reports, letters of reprimand, or other disciplinary action. In consideration of the acceptance of my application, I release **APM Mosquito Control** and previous employers of any claimed liability arising out of such response and disclosure. *(Please initial)* \_\_\_\_\_\_\_\_\_\_

If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that **APM Mosquito Control** may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by APM **Mosquito Control** will be contingent on the results of such investigation, alcohol and drug screening, and physical examination. *(Please initial) \_\_\_\_\_\_\_\_\_\_*

I understand that if hired I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either **APM Mosquito Control** or myself. I further understand that no supervisor or representative of **APM Mosquito Control**, other than the owner, has any authority to enter into any agreement contrary to the foregoing and that such agreement must be in writing and signed by the owner. In consideration of such employment, I agree to conform to the rules and policies of the company, including the arbitration procedure. *(Please initial)* \_\_\_\_\_\_\_\_\_\_