

APPLICATION FOR EMPLOYMENT

WOLVERINE FIRE PROTECTION CO
G-8067 N. DORT HWY.
P.O. BOX 219
MT. MORRIS, MI 48458-0219

PAGE #1

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us"			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)			

Best time to contact you at home is: _____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes No

Have you ever filed an application with us before? _____ Yes No
If Yes, give date _____

Have you ever been employed with us before? _____ Yes No
If Yes, give date _____

Do any of your friends or relatives, other than Spouse, work here? _____ Yes No

Are you currently employed _____ Yes No

May we contact your present employer? _____ Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. _____ Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
Part-Time (please indicate Mornings Afternoon Evenings)
Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? _____ Yes No

Can you travel if a job requires It? _____ Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to its in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a Job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
	(Name)	
2.	()	Phone #
	(Name)	
3.	()	Phone #
	(Name)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

INTERVIEWER DATE



AFFIRMATIVE ACTION INFORMATION FORM

We are an affirmative action government contractor. In compliance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, and position for which applied.

We invite you to indicate your gender and race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

GENDER

- Male
- Female

RACE/ETHNIC GROUP

- White (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- Black (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other
(Please Specify)

Name:

Date of application:

Position applied for:

Referred by:

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA