

To the Applicant: We appreciate your interest in Thomson-Shore, Inc. and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital, or veteran status, or the presence of a non-job related medical condition or handicap.

***Note: This application form will remain active for sixty (60) days.**

PERSONAL

Name:		Date of Application:	
Address:		Contact information: (include area codes)	
		Home: _____	
		Cell: _____	
		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date(s):	
Supervisor's Name(s):			
Have you filled out an application before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date(s):	
List any friends or relatives working here:			

REFERENCES

	Name & Title	Address	Phone #: Include Area Codes	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Have you been convicted of a crime? (Not a minor traffic violation) This includes convictions that have been expunged.

Yes No

If yes, where, when, and nature of the offense:

Do you have a valid state driver's license? Yes No

State issued in:

License #:

EMPLOYMENT DESIRED

Position(s) applying for:

Type of work seeking: Full Time Part Time Other

What shifts are you able to work? Days Afternoons Midnights

If part-time, please specify hours and days desired:

Salary desired:

Date available to work:

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch?

Rank at discharge:

Date of Discharge:

Are you in the Reserves? Yes No

If yes, date obligation ends:

List any special or technical training:

EDUCATION

Level:	Name/Location	Years Completed	Diploma/Degree	Courses of study
High School:				
College:				
Graduate:				
Vocation/Training:				

List any professional, trade, business, or civic activities & offices held excluding group names or character of which indicate race, color, religion, sex, national origin, handicap, marital, or veteran status.

State additional information that you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

Note: list current or most recent employment first.

Employer:	Phone #:	Manager:
Address:	Dates: <u>From:</u>	Duties:
	<u>To:</u>	
Job Title:	Hourly Rate or Salary <u>Starting:</u>	
Reason for leaving:	<u>Final:</u>	
Employer:	Phone #:	Manager:
Address:	Dates: <u>From:</u>	Duties:
	<u>To:</u>	
Job Title:	Hourly Rate or Salary <u>Starting:</u>	
Reason for leaving:	<u>Final:</u>	
Employer:	Phone #:	Manager:
Address:	Dates: <u>From:</u>	Duties:
	<u>To:</u>	
Job Title:	Hourly Rate or Salary <u>Starting:</u>	
Reason for leaving:	<u>Final:</u>	
Employer:	Phone #:	Manager:
Address:	Dates: <u>From:</u>	Duties:
	<u>To:</u>	
Job Title:	Hourly Rate or Salary <u>Starting:</u>	
Reason for leaving:	<u>Final:</u>	

AUTHORIZATION AND UNDERSTANDING

AT-WILL EMPLOYMENT STATUS

I agree that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and I further agree that this arrangement may only be changed by the President of the company, in writing, directed to me personally, and signed by the President. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the President or their designated representative. I further agree that my employment is conditional upon satisfactory completion of documentations required by the Immigration Reform Control Act of 1986 and until such time as the results of my pre-employment physical and drug test (if such physical or drug test is requested) are known.

Signature

Date

RELEASE OF PRIOR PERSONNEL RECORDS

By signing this application, I represent that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit, or post job offer medical history with the appropriate individuals, companies, organizations, or governmental agencies and I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record and credit record, without requiring them to contact me or give me written notice before revealing the information to you. I also authorize you to obtain a credit or background report as part of the application process. By signing this application, I release you and them from any liability whatsoever arising out of any lawful information requested or disclosed. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

Signature

Date

DRUG FREE EMPLOYMENT

I understand that the Company maintains a policy of drug-free employment and my employment may be conditioned upon successful passing of a drug and alcohol test and that the Company reserves the right to test me for drugs or alcohol at any time in the future. Should I fail a drug or alcohol test or fail to cooperate in the testing procedures, I understand that my employment will be subject to disciplinary action up to and including termination of employment.

Signature

Date

HANDICAP ACCOMMODATION REQUEST

I understand that Federal and Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying Thomson-Shore, Inc. in writing of the need for accommodation.

- I do not have a handicap and, therefore, make no request for accommodation.
- I have a handicap and request the following accommodation in order to permit me to perform the essential duties of the position I am applying for:

Accommodation request:

Signature

Date

LIMITATION ON TIME FOR EMPLOYMENT COMPLAINTS

I agree that any action or lawsuit against Thomson-Shore, Inc. arising out of my employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one (1) year of the event giving rise to the claims or be forever barred unless state or federal law specifies a shorter time period. I waive any limitation period to the contrary.

Signature

Date

ACKNOWLEDGE OF FULL DISCLOSURE

I acknowledge that all of the information provided by me now or later given by me in support of my application for employment is true and complete. I understand that my employment may be terminated should Thomson-Shore, Inc. determine that the information provided by me is not true and complete no matter when discovered by Thomson-Shore, Inc.

Signature

Date

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE**

Thomson-Shore, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency" about you. These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for employment or employee of Thomson-Shore, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Thomson-Shore.

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If Thomson-Shore obtains a "consumer report" about you, and if Thomson-Shore considers any information in the "consumer report" when making an employment-related decision that adversely affect you, you will be provided with a copy of the "consumer report", with regard to "consumer reports" and "consumer reporting agencies".

AUTHORIZATION

By signing below, I voluntarily authorize Thomson-Shore to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment at Thomson Shore. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Date: _____

Applicant/Employee Signature

*Please Date and Initial all signature lines before sending. If required, actual signatures will be collected at the interview.