

# Employment Application

## Craig's Cruisers

5730 Clyde Park Avenue SW  
Wyoming, MI 49509

Must have 4 references of either personal or previous employment. Include valid phone numbers in order for application to be considered.

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

(Last, First, Middle)

Address \_\_\_\_\_

(Street No., Street Name, City, State, Zip)

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If no, can you provide a work permit?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

### EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical Or Other	_____	_____	_____	_____

### EMPLOYMENT RECORD

Company Name	Position	Date Started/Left	Pay Rate	Reason for Leaving
1. _____	_____	_____	_____	_____
Contact Person _____		Phone ( _____ ) _____ - _____		
2. _____	_____	_____	_____	_____
Contact Person _____		Phone ( _____ ) _____ - _____		
3. _____	_____	_____	_____	_____
Contact Person _____		Phone ( _____ ) _____ - _____		

### U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

**REFERENCES (Do Not Include Relatives, Prefer Teacher, Coaches, Church, or Business References.)**

Name, Occupation, Years, Phone Number

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

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

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

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

**EMPLOYMENT**

Type of work desired \_\_\_\_\_

Salary desired \_\_\_\_\_

Date you can start \_\_\_\_\_

Number of hours you wish to work weekly \_\_\_\_\_

Have you ever been warned, disciplined, or discharged for sexual harassment, fighting, assault, or attendance?

Yes  No If yes, explain: \_\_\_\_\_

Miscellaneous experience that may relate to the employment you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

To be considered for most positions, you must be available to work weekends (Friday, Saturday, Sunday).

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  No  Yes Specify: \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes Specify: \_\_\_\_\_

For summer help, can you work through Labor Day?  Yes  No

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your signature \_\_\_\_\_

Date \_\_\_\_\_