

**Reliable Relamping
6459 Nash Hwy
Saranac, MI 48881**

Please Print All Information:

Name: _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____

Address: _____ City: _____

State: ____ Zip: _____ How long have you resided at this address? _____ If less than 3 yrs please turn over and list all other addresses you have resided at in the past 3 years.

Phone: _____ Other Contact #: _____

Person to contact in case of emergency: _____ Phone #: _____

Relationship _____

EDUCATION

	School Name	Dates Attended	Degree (Y/N)
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Position Applying For: _____ Desired Rate: _____

Would You Work Full Time: _____ Part Time: _____

The hours worked and shifts can vary depending on customer demands. Does working different hours and shifts create a problem? Yes: _____ No: _____

The demands and location of the customers make it necessary for overnight travel. Does this create any problems for you? Yes: _____ No: _____

The nature of this position requires you to work on ladders, scaffolding, and lift trucks as well as lifting cases of products. Do you have any impairments (physical or mental) that would interfere with your ability to do the job? No___ Yes___ If Yes please explain _____

Can you lift 50 pounds regularly without restrictions?: _____

Have you ever been convicted of a crime or felony: Yes: ___ No: ___ Describe: _____

What Date Would You Be Able to Start: _____

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EMPLOYMENT HISTORY

Name: _____ Dates employed: _____

Phone #: _____ Job Title: _____

Address _____

Reason for leaving: _____ Earnings: _____

Approximate number of days missed at work: _____

Did you ever drive a company vehicle? Yes ___ No ___ If yes, Type of vehicle(s) _____

Name: _____ Dates employed: _____

Phone #: _____ Job Title: _____

Address _____

Reason for leaving: _____ Earnings: _____

Approximate number of days missed at work: _____

Did you ever drive a company vehicle? Yes ___ No ___ If yes, Type of vehicle _____

Name: _____ Dates employed: _____

Phone #: _____ Job Title: _____

Address _____

Reason for leaving: _____ Earnings: _____

Approximate number of days missed at work: _____

Did you ever drive a company vehicle? Yes ___ No ___ If yes, Type of vehicle _____

May we contact employers listed above (Y/N): ___ If not which ones: _____

Why: _____

Signature _____ Date _____

List Professional or Business References Only

Name: _____ Phone: _____ Known: _____ Years

Name: _____ Phone: _____ Known: _____ Years

DRIVER INFORMATION

Driver's License#: _____ State: ____ Class: _____ Expires: _____

Is your license valid? _____ Do you have now or previously had any restrictions on your license? _____

If yes please explain _____

Have you ever been denied a motor vehicle operator's license: _____ Why: _____

What type, size, and experience of vehicles can you operate: _____

Do you have a Medical Examiner's Certificate? _____ Expires: _____

Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months, and motor vehicle accidents during the past 3 years.

Date of conviction _____ Offense _____

Location _____

Type of motor vehicle operated _____

Date of conviction _____ Offense _____

Location _____

Type of motor vehicle operated _____

Date of conviction _____ Offense _____

Location _____

Type of motor vehicle operated _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I also certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____

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PRE-EMPLOYMENT STATEMENT:

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages, I understand that I am subject to a (90) ninety-day probationary employment period beginning at my hiring date. After my probationary period, my employment status will become regular employee. I further understand that I have the right to terminate my employment at any time with or without notice, and the company, Reliable Relamping, Inc has the same right. No one other than the president of the company has authority to modify this relationship or make any agreement to the contrary, any such modifications of this agreement must be in writing.

I understand that Reliable Relamping, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. Reliable Relamping, Inc is committed to a safe workplace. Any employee testing positive for illegal drug or alcohol use will be terminated.

I authorize Reliable Relamping, Inc. to investigate my driving record, my criminal record and my credit history. I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, references, and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the company, Reliable Relamping, Inc., may contact my previous employers and that I authorize those employers to disclose to the company all records and other information pertinent to my employment with them. I authorize the company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold harmless for providing such information.

I also understand that I may be required to pass both a physical examination and Drug Abuse/Alcohol Misuse Testing before receiving any further consideration from your company.

I lastly understand that employee theft or dishonesty will not be tolerated by this company. **ANY EMPLOYEE ACCUSED OF THEFT WILL BE TERMINATED FROM THIS COMPANY AND ANY EMPLOYEE FOUND GUILTY OF THEFT (AT COMPANY OR CUSTOMERS) WILL BE CONVICTED TO THE FULL EXTENT OF LAW!**

I certify that all of the information I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature of Applicant: _____

Date: _____