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 Suite A109  
 Lansing, MI 48911  
 517.887.1100

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 Suite 105  
 Grand Haven, MI 49417  
 616.743.7070

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

## I. PERSONAL INFORMATION (Please print legibly)

LAST NAME		MIDDLE INITIAL	FIRST NAME	
CURRENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PRIMARY EMAIL ADDRESS			PHONE	
ARE YOU 18 YEARS OLD OR OLDER? Yes      No	CITIZENSHIP STATUS      Citizen of USA?    Yes      No If No, are you currently authorized to work in the USA?    Yes      No      Comments:			

## II. DESIRED EMPLOYMENT

POSITION(S) INTERESTED IN	OFFICE PREFERRED (NO PREF) LANSING, MICHIGAN GRAND RAPIDS, MICHIGAN G GRAND HAVEN, MICHIGAN	DATE YOU CAN START	DESIRED WAGE
KIND OF WORK SOUGHT Full-time      Part-time      Seasonal / Intern      Other _____		IF PART-TIME, PLEASE SPECIFY HOURS AND DAYS DESIRED	
ARE YOU EMPLOYED NOW? Yes      No		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes      No	
CAN YOU WORK REGULARLY? DAYS      NIGHTS      WEEKENDS      HOLIDAYS		DO YOU HAVE DEPENDABLE TRANSPORTATION? Yes      No	
HOW DID YOU HEAR ABOUT US? EMPLOYMENT AGENCY      Eng. WEBSITE OR OTHER SOCIAL MEDIA      FRIEND STATE EMPLOYMENT OFFICE      COLLEGE PLACEMENT SERVICE      WALK-IN OTHER _____			

## III. EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE EARNED (OR SUBJECTS STUDIED)
HIGH SCHOOL				
TECHNICAL/TRADE SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE				

## IV. GENERAL

SPECIAL TRAINING OR SKILLS
ADDITIONAL LICENSES OR CERTIFICATIONS, INCLUDING LICENSE NUMBERS AND ISSUING STATE

**V. FORMER EMPLOYERS** *(List below employers for the last five years starting with the most recent one first. Use additional sheets if necessary.)*

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS, CITY, STATE, ZIP		
STARTING DATE	LEAVING DATE	TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes      No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		
NAME OF PREVIOUS EMPLOYER		
ADDRESS, CITY, STATE, ZIP		
STARTING DATE	LEAVING DATE	TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes      No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		
NAME OF PREVIOUS EMPLOYER		
ADDRESS, CITY, STATE, ZIP		
STARTING DATE	LEAVING DATE	TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? Yes      No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

**VI. REFERENCES** *(Below, give the names of three persons unrelated to you, who have known you for at least one year.)*

NAME	ADDRESS OR EMAIL ADDRESS	PHONE	YEARS KNOWN

**VII. MILITARY SERVICE**

HAVE YOU SERVED IN THE U.S. MILITARY?	Yes	No	DISCHARGE DATE
BRANCH OF SERVICE			RANK
CURRENT ENROLLMENT IN NATIONAL GUARD/RESERVES (DESCRIBE)	DATE OBLIGATION ENDS		

**VIII. ADDITIONAL INFORMATION**

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD, **EXCLUDING** GROUPS, THE NAME OR CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS

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STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

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**IX. DISABILITY ACCOMMODATION**

Can you perform all of the job functions for the position for which you are applying without reasonable accommodation?

Yes                      No

If not, please explain \_\_\_\_\_

**X. NOTICE OF RIGHTS FOR DISABLED PERSONS**

If an employee has a physical, mental or other impairment which would interfere with the ability to perform in a position but which may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires that the employee notify Eng., Inc. (the "Company") in writing of the need for accommodation within One Hundred Eighty Two (182) days after the employee becomes aware or should reasonably have known that the accommodation was needed. All written requests for accommodation must be submitted to the President of the Company.

**XI. NOTICE OF DRUG AND ALCOHOL TESTS**

Any offer of employment may be conditioned upon the applicant's ability to pass appropriate tests, including drug and alcohol tests, prior to the commencement of employment.

**XII. AUTHORIZATION**

1. I certify that the facts contained in this application are true and complete to the best of my knowledge, information and belief and I understand that if I am employed, that falsified statements contained in this application shall be grounds for immediate dismissal.

2. I authorize the Company, to investigate all statements contained herein and the references listed above and to conduct, order and acquire any background information regarding me which the Company deems to be appropriate including, but not limited to, credit histories, criminal records, driving records, educational records, medical records, drug tests and all employment records including any and all disciplinary reports, letters of reprimand or other disciplinary action contained in my record with any employer or former employer (the "Background Information"). I understand and agree that the Background Information is of material importance to the Company and that the Company may refuse to hire me based on the content of the Background Information in the sole and absolute discretion of the Company and may re-verify such information at any time during my employment. I hereby request that all references listed herein or the custodians of the Background Information give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise to the Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to the Company. I consent to the disclosure and use of the Background Information by the Company and its retained professionals. I hereby waive my rights under the "Employee Right to Know Act," Act No. 397, Michigan Public Acts of 1975, to written notice of any disciplinary information disclosed by the aforementioned employer or former employer pursuant to this authorization.

3. I understand and agree that if employed, my employment with the Company is "At Will" and may be terminated, by the Company or by me, at any time, with or without prior notice, and for any reason whatsoever or for no reason, with or without cause and that the nature of my employment cannot be modified except in writing signed by the President of the Company.

4. I understand and agree that I may be required to take a physical examination or submit to a drug test as a condition of employment or continued employment, if hired. I agree to and consent to take such test(s) at such time as designated by the Company and release the Company, its directors, officers, members, partners, shareholders, agents, retained professionals, insurers or employees from any claim arising in connection with the use of such tests or disclosure of the results thereof.

5. I understand and acknowledge that, except for the provisions of Paragraph 6 of this Agreement, the policies of the Company may be changed unilaterally by the Company at any time without any notice to me. If employed, I hereby agree to comply with all rules, regulations and the policies established by the Company for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand the Company from time to time may make unilateral changes in its rules, regulations and personnel practices and policies that will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment including layoffs and terminations.

6. I understand and agree that in the event that a dispute arises concerning my employment with and/or termination from the Company the sole and exclusive method for resolving any and all disputes arising out of my employment or termination from the Company or in any way related to any alleged wrongful acts on the part of the Company, its affiliates, directors, shareholders, agents, members, partners, officers or employees relating to my employment, including but not limited to claims of breach of contract, wrongful discharge, retaliatory discharge claims, tort claims, invasion of privacy, slander, defamation, and/or any statutory claim including but not limited to discrimination or other violation under Title VII of the Federal Civil Rights Act, Age Discrimination in Employment Act, Americans With Disabilities Act, National Labor Relations Act, Fair Labor Standards Act, Michigan Persons With Disabilities Act, Whistle Blowers Protection Act, Bullard-Plawecki Employee Right to Know Act and the Michigan Elliot-Larsen Civil Rights Act shall be through the procedures and policies of the American Arbitration Association. Employee acknowledges and agrees that Employee is waiving his or her right to adjudicate any claim under this Agreement before any federal or state court or agency. Employee shall not bring, and expressly waives his or her right to bring any action or claim under this Agreement as a member of any purported class or representative proceeding. This Agreement applies to all claims whether employee becomes employed by the Company, whether brought during Employee's employment with the Company or at any time after termination of employment with the Company. Venue for any such hearing shall be Ingham County, Michigan. The parties hereby agree that the determination of the arbitrator shall be binding and final upon all parties. The award of the arbitrator may be filed with the Clerk of the Circuit Court for the County of Ingham, Michigan and judgment may be rendered by the Court upon the arbitration award and execution may be issued upon the judgment. The cost for arbitration shall be split equally between myself and the Company, notwithstanding anything to the contrary in the employment rules of the American Arbitration Association or otherwise. The arbitrator shall not have the power to change, modify or otherwise alter the "At Will" nature of the employment relationship and the arbitrator's written determination shall be based solely upon the "At Will" nature of such employment relationship. In any proceeding under this Agreement, the parties shall have the right to representation by counsel at all steps of the procedure and reasonable discovery, including, but not limited to, interrogatories, document requests, depositions and subpoenas in accordance with Michigan State court rules. The parties may mutually agree that the arbitration therein be stenographically recorded, provided that each party shall equally share the cost of creating and printing the record.

7. I agree that any arbitration or judicial proceeding arising out of a dispute relative to my employment with the Company shall not be brought unless the same is commenced within One Hundred and Eighty (180) days following the incident giving rise to such dispute. My failure to commence such proceeding within the One Hundred Eighty (180) day period shall result in the extinguishment of any rights I may have to prosecute such claims or actions. If any term or provision contained in this Agreement is construed or held to be invalid, void or unenforceable by a court of confident jurisdiction for any reason whatsoever, such term or provision shall be construed and enforced consistent with state or federal laws to render such provision and the remainder of this Agreement enforceable. Such ruling shall not affect the validity of the remainder of this Agreement.

8. I agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of such claim or action, including attorney fees, court costs, arbitration fees and all other costs associated with such action.

**PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING.**

**YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.**

**APPLICANT:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**