

HURON INC
6554 Lakeshore Road
Lexington, MI 48450

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, handicap, height, weight, marital status or veteran status, or any other legally protected status.

DATE OF APPLICATION ___/___/_____

Position(s) Applied for: _____ Rate of Pay Expected _____

Referral Source: Advertisement Friend Relative Employee
 Employment Agency Other _____

PERSONAL

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Email Address				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Check **ALL** you are willing to work: Overtime Weekend - Overtime

Check **ALL** shifts you are willing to work: 7 am - 3 pm 3 pm - 11 pm 11 pm - 7 am

Are you legally eligible for employment in the USA? Yes No

On what date would you be available for work? _____

Were you ever convicted of a crime? Yes No

If yes, when, where and nature of offense? _____

Are there any felony charges pending against you? Yes No

Person to notify in case of emergency: _____

Name

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities (excluding organizations which indicate the race, color, religion, national origin or ancestry of its members).

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Summarize **special skills and qualifications** acquired from employment, education or training:

Simple Blue Print Reading: Yes No

Use of Calipers: Yes No

Use of Micrometers: Yes No

RECORD OF EDUCATION

School		Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma Or Degree
			5	6	7	8		
Elementary			5	6	7	8	Yes No	
High School			1	2	3	4	Yes No	
College			1	2	3	4	Yes No	
Other			1	2	3	4	Yes No	

MILITARY

Are you a veteran of the Armed Forces of the U.S.? Yes No

Date of Duty ___/___/_____ To ___/___/_____

Area of Training: _____

REFERENCES

FRIENDS OR RELATIVES IN OUR EMPLOY:

Name	Relationship
Name	Relationship
Name	Relationship

PERSONAL REFERENCES (NOT RELATIVES):

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

TERMINATION AT WILL AND RELEASE CLAUSE

I authorize investigation of all statements contained in the application and specifically authorize the employer to investigate any work record with any prior employers. I further authorize my prior employers to disclose all personnel information and specifically waive my right to notice under section 6 (3)(a) of the Bullard-Plawecki Employee Right to Know Act. I understand that misrepresentation or omission of facts called for is grounds for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice and for any or no reason as determined exclusively by the Company. I further understand that only the President of the Company has any authority to enter into any agreement for employment for a fixed period of time or to make any agreement contrary to the foregoing. Any such agreement made by the President must be in writing and signed by the President of the Company and myself.

DATE _____ SIGNATURE _____

FOR PERSONNEL DEPARTMENT USE ONLY

Reference Check: Yes No

Arrange Interview: Yes No

Interviewed: Yes No If yes, date ____/____/____

Interviewed By: _____ Comments: _____

Job Offered: Yes No

Physical Scheduled: Yes No If yes, date ____/____/____

Physical Results: Drug Screen _____ Physical _____

If Limitation - List _____

Acceptable for Employment: Yes No

Date Reporting For Work ____/____/____

Department: _____ Job Classification _____

Starting Rate: _____ Shift: _____

APPROVED BY: _____ DATE: _____

Human Resources Manager