

Applicant Name: _____

Application for Employment

***AUTOMATED PROCESS EQUIPMENT CORPORATION
APEC***

An Equal Opportunity Employer

Important instructions: Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that omitting any relevant information, making any false or misleading statement, or failing to disclose facts which, if known, might reflect unfavorably on this application, may result in dismissal even if you are employed. If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer **all** questions, even those which relate to information on your resume.

Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

APEC does not unlawfully discriminate in hiring or employment on the basis of race, sex, age, color, religion, national origin, disability, height, weight, or other legally protected characteristic.

Our acceptance of an application does not imply that we have open positions or that you will be offered employment. APEC reserves the right to withdraw any offer of employment at any time; likewise, each applicant has the right to withdraw an application at any time.

DO NOT WRITE IN THIS BLOCK -- FOR EMPLOYER USE ONLY

Date: _____

Interviewed by: _____

Tested (if applicable): Yes No

Tested by: _____

Hired: Yes No Position: _____

Salary/Wage: _____ Exempt: Yes No

Starting Date: _____

Other: _____

Turn page to start application for employment.

PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

TODAY'S DATE _____

(First) _____ (Middle) _____ (Last) _____

(Social Security Number) _____ - _____ - _____

Address _____
(Number) _____ (Street) _____

(_____) _____
Area Code (Telephone No. - Residence)

Apt. or Other _____
(Number) _____ (Street) _____

(_____) _____
Area Code (Daytime Telephone Number if different from above)

(City) _____ (State) _____ (Zip) _____

(Length of Time at This Address)

List previous addresses within the United States, except military, if your address changed during the past 5 years. (Start with most recent address.)

No.	Street	City	State	Zip	From (Date)	To (Date)

No.	Street	City	State	Zip	From (Date)	To (Date)

EMPLOYMENT REQUEST

Type of work desired: _____

Specify position(s) for which you are applying (1) _____ (2) _____

Salary Requirements _____ per hours/per week/per annum (circle one)

Kind of work sought? Full-time ___ Part-time ___ If you would be available for part-time work, please list the days of the week and hours you would be available: _____

What shifts are you available to work? Any shift ___ Not first ___ Not Second ___ Not Third ___

How were you referred to us? _____ Date available for work: _____

If you applied in response to advertisement, where did you see the ad? _____

Have you applied with us previously? Yes No If yes, when and where? _____

List everyone you know who works for us: _____

Are you able to perform the essential functions of the job(s) for which you are applying? Yes No

If no, please identify the functions that you are unable to perform or are limited in performing: _____

ATTENDANCE RECORD

How much time have you lost from work or school during each of the past two calendar years FOR REASONS OTHER THAN VACATION AND HOLIDAYS?

_____	_____	_____	_____
(Year)	(No. of Days)	(Year)	(No. of Days)

Do you have any activities, commitments, or responsibilities (for example car pooling, school, other employment) that might in any way restrict the hours (including overtime) or days you can work? Yes No. Explain if Yes: _____

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EMPLOYMENT RECORD (Please list your complete employment history here, even if you are submitting a separate resume. If you need more space, please continue on the space provided on page 5.)

Are you presently employed? Yes No May we contact your present employer to obtain a reference? Yes No

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER, and state the beginning and ending dates of unemployment.

EMPLOYER (Present or Most Recent)			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	
YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)				
EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	
YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)				
EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	
YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)				
EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	
YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)				
EMPLOYER			DATE STARTED	PAY AT START
STREET	CITY	STATE	DATE LEFT	PAY AT LEAVING
SUPERVISOR	DEPT.	TELEPHONE	REASON FOR LEAVING	
YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)				

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EDUCATION					
	Name of School	City and State	Course or Major		
High School(s)			XXXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
			XXXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	Degree
				Number of Years Completed (Circle): 1 2 3 4	Degree
Graduate Studies				Number of Years Completed (Circle): 1 2 3 4	Degree
Other - Give Type				Number of Years Completed (Circle): 1 2 3 4	Degree

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

List any computer software and equipment and other office equipment you can operate proficiently: _____

List any special certification, skills, knowledge, or experience that you feel may be relevant to the job you are seeking: _____

Are you planning to pursue, or are you currently enrolled in, any studies or courses? Yes No

If yes, when, where, for what period of time, or for what courses are you enrolled? _____

If you are now employed, why do you want to change your job? _____

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job?

Yes No If yes, what job and why? _____

PERSONAL INFORMATION

Are you 18 years of age or older? Yes No

Have you ever been convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea.)

Yes No

If yes, explain: _____

Are you currently under indictment or charged with a felony? Yes No

If yes, explain: _____

Have you ever had an application for a surety bond denied? Yes No

REFERENCES

Name

Address

Telephone

_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	_____

(Please use this space below to complete any answers and to provide additional information)

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ EACH ITEM CAREFULLY, CHECK EACH ITEM TO CONFIRM THAT YOU HAVE READ IT, THEN SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

_____ 1. **Certification of Truthfulness:** I verify that all of the statements made in (and in support of) my Application for Employment are true and complete. I understand and agree that if APEC, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.

_____ 2. **Employment at Will:** I agree that if I am hired by APEC I will comply with all of APEC's rules, regulations, and policies communicated to employees, including any changes that may be made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to APEC; I agree that APEC also may terminate my employment at any time, with or without cause and with or without prior notice.

_____ 3. **Limitation on Claims:** I agree that any lawsuit against APEC and/or its agents 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 the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

_____ 4. **Authorization to Work:** If I am selected for hire, any offer of employment will be contingent on my ability to produce proper documentation showing that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

_____ 5. **Need For Accommodation:** If I require an accommodation of a physical or mental disability, in order to perform the job for which I may be selected, I understand that I must give APEC written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that APEC has not accommodated me as required by law.

_____ 6. **Drug and Alcohol Testing:** I agree to provide APEC with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.

_____ 7. **Medical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a medical exam. I authorize every medical doctor, physician or other health care provider to provide APEC with any and all information related to any examination, consultation, test or evaluation concerning my medical condition, including but not limited to medical reports, laboratory reports, X-rays, or clinical abstracts. I will cooperate in obtaining any additional authorization required by any provider for release of any information. I hereby release every provider and every other person or organization for their compliance with the authorization or request, from any and all liability for any disclosure made in reliance on my authorization. I understand that medical information will not be requested from me, my physician or other provider until a job offer has been made.

_____ 8. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any APEC property I may be using, and any of my own property I bring onto APEC's premises, may be inspected by APEC at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against APEC (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by APEC, I will not disclose to anyone or use for my own purposes, any of APEC's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to APEC all material of any kind that I have relating to its business, including any such copies or notes.

_____ 9. **Consideration for Employment:** I agree to the above terms of employment if I am employed by APEC. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a contract signed by an authorized representative of APEC, and that no person in APEC has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of APEC are subject to exception or change at any time as decided by APEC in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date _____

Signature of Applicant _____

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with APEC

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to APEC any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I further authorize all educational institutions I have attended to disclose to APEC any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby release all such organizations from any obligation to provide any notice that records or information are being provided to APEC.

I understand that under Michigan's Bullard-Plawecki Employee-Right-To-Know Act I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive my right to receive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to APEC, or to any employment decisions made by APEC as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name _____
(Please Print)

Social Security Number _____ - _____ - _____

Signature _____

Date _____, 20__