



## Employment Application

**PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.**

***\*\* If you have any questions regarding these statements, please ask before signing. \*\****

- It is Wolverine's policy that all persons interested in employment complete a written application. Individuals will not be considered applicants if they exclude information requested on the form.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I authorize the thorough investigation of my work history and verification of all data provided in my employment application, related papers, or oral interviews. I authorize such investigation and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may disqualify my application or, if hired, may subject me to immediate termination.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.
- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- Although management makes every effort to accommodate individual preferences, business needs may at times make mandatory the conditions of overtime and/or a work schedule that includes Saturday and Sunday. I understand and accept these conditions of employment if hired.
- I understand that this application will be considered active for a period of 90 days from the date indicated below. I further understand that if I am not hired during that period, I must complete and execute a new application form to be considered for employment.

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***Print Name***

***Social Security Number***

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***Signature***

***Date***

It is our policy to be an Equal Opportunity Employer. Federal, State, and Local laws prohibit discrimination on the basis of race, age, sex, color, religion, national origin, handicap, or veteran's status. It is our policy to comply fully with these Acts. Information requested on this application will not be used for any purpose prohibited by law.

Date:		Position(s) Applied For:	
Name (Full - Last, First, MI)			Previous Name Used
Street Address:		City	State Zip
Home Phone	Alternate Phone	e-mail address	Years at this address?
Experience level for this position	How did you learn of this opening?	Salary range desired?	
Type of employment desired: (check any that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		If required, you are willing to work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	When could you start employment?
Are you currently employed?	Do you have any immediate relatives who are currently employed by Wolverine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of such person(s):		
Are you willing to relocate within a 30 minute commute of reporting location of this position?		Do you have a valid Michigan driver's license?	
<b>The Immigration Reform &amp; Control Act of 1987 requires employers to hire only U.S. Citizens and lawfully authorized workers.</b>			
Are you legally authorized to work in the United States?		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state your age:	

***EDUCATION INFORMATION***

Name & Location of School (City & State)	Circle Last Grade Completed	Major / Field of Study	List Diploma or Degree
High School or GED	<b>9 10 11 12</b>		
College	<b>1 2 3 4</b>		
College	<b>1 2 3 4</b>		
Other	<b>1 2 3 4</b>		
Military Service From: To:	<b>Branch</b>	<b>Rank</b>	<b>Date Discharged</b>

Additional Training, Licenses, Certificates or Self-Improvement Courses:

**EMPLOYMENT HISTORY** *(List below last three employers, starting with the most recent one first)*

Present or Last Position Held		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:			City	State	Zip
Phone: (      )			Name and Title of Supervisor		
Starting Annual Salary	Final Annual Salary		Reason for Leaving		
What part of the job did you like <b>best</b> and why?			What part of the job did you like <b>least</b> and why?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			Additional Comments:		
Next Previous Position Held		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:			City	State	Zip
Phone: (      )			Name and Title of Supervisor		
Starting Annual Salary	Final Annual Salary		Reason for Leaving		
What part of the job did you like <b>best</b> and why?			What part of the job did you like <b>least</b> and why?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			Additional Comments:		
Next Previous Position Held		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:			City	State	Zip
Phone: (      )			Name and Title of Supervisor		
Starting Annual Salary	Final Annual Salary		Reason for Leaving		
What part of the job did you like <b>best</b> and why?			What part of the job did you like <b>least</b> and why?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			Additional Comments:		

## **HEALTH / PHYSICAL**

Do you have any physical, mental, or medical impairment that would limit your ability to do the essential functions of the job for which you are applying?  Yes  No If yes, please indicate the accommodations you would need:

Are you under the care of a physician or currently receiving medical treatment for an injury, physical defect, chronic ailment, or any other condition that could affect your ability to perform the essential functions of the job for which you are applying?  Yes  No If yes, please explain fully:

How many days of work have you missed due to illness, transportation, emergencies, or other reasons in the last 12 months? Explain:

Do we have your permission to communicate with your doctor or our company physician regarding the above statements to verify your ability to perform the essential functions of the job on a consistent and safe basis?  Yes  No

Name of doctor or hospital and address:

Do you smoke?  Yes  No

## **SECURITY DATA**

Have you ever been convicted of or pleaded guilty to a felony or any criminal offense? Do not include minor traffic violations.  Yes  No If yes, state the charge, court location, date, and final outcome of the case:

If the job, for which you are applying, requires driving, do you authorize us to pull your driving record?  Yes  No

Have you ever had a Fidelity Bond (crime and dishonesty insurance) denied or revoked?  Yes  No

Do you have any commitment to another employer or organization that might affect your employment with us, such as a competitor or a conflict of interest?  Yes  No If yes, please explain:

PLEASE NOTE THAT A CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT, but will be considered as one of many factors in assessing the applicant's ability to fulfill job duties.

### **PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

You are advised that this organization may request that a report be prepared to verify the information provided above. Your signature below authorizes us to obtain this report. Your signature further reflects your understanding that any material misrepresentation or deliberate omission of a fact on the Security Data Section may justify terminating consideration of your application for employment or, if employed, terminating your employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **REFERENCES** *(List three individuals not previously shown, who have been in a position to objectively evaluate your training, experience, and capabilities.)*

Name	City	State	Phone