

**LAKE MICHIGAN CONTRACTORS**  
**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

Date \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. ( ) ARE YOU 18 YEARS OR OLDER? YES NO

Are you either a U.S. citizen or an alien authorized to work in the U.S.? YES NO

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

**AVAILABILITY:** For which position are you applying? \_\_\_\_\_  
What date can you start? \_\_\_\_\_ Full Time Part Time

**EDUCATION:** Please circle highest grade completed - 7 8 9 10 11 12  
Name City & State Dates Graduate?

High School \_\_\_\_\_

College \_\_\_\_\_

Business or Trade School \_\_\_\_\_

Other: \_\_\_\_\_

**JOB RELATED SKILLS:** NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE JOB RELATED

Yes\_\_\_\_\_ No\_\_\_\_\_ If the job requires, do you have the appropriate valid drivers license?

Yes\_\_\_\_\_ No\_\_\_\_\_ Have you had any moving violations? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_\_\_ No\_\_\_\_\_ Have the requirements of the job been explained to you?

Yes\_\_\_\_\_ No\_\_\_\_\_ Do you understand these requirements?

Yes\_\_\_\_\_ No\_\_\_\_\_ Can you perform the requirements of the job?

Yes\_\_\_\_\_ No\_\_\_\_\_ Do you have any friends or relatives working for the Company?  
If so, whom? \_\_\_\_\_

**EMPLOYMENT REFERENCES:**

**MOST RECENT EMPLOYER**

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently working for this employer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact?

_____ Company Name		_____ City, State	_____ Phone Number
To: _____	From: _____	_____	
_____ Dates Employed		_____ Job Title	_____ Supervisor
_____ Duties			
_____	per _____	_____	
Salary	hour/week/month	Reason for Leaving	

**SECOND MOST RECENT EMPLOYER**

_____ Company Name		_____ City, State	_____ Phone Number
To: _____	From: _____	_____	
_____ Dates Employed		_____ Job Title	_____ Supervisor
_____ Duties			
_____	per _____	_____	
Salary	hour/week/month	Reason for Leaving	

**THIRD MOST RECENT EMPLOYER**

_____ Company Name		_____ City, State	_____ Phone Number
To: _____	From: _____	_____	
_____ Dates Employed		_____ Job Title	_____ Supervisor
_____ Duties			
_____	per _____	_____	
Salary	hour/week/month	Reason for Leaving	

**MILITARY SERVICE RECORD:** Are you a veteran of the Armed Forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
Areas of training: \_\_\_\_\_ Dates of duty: \_\_\_\_\_

**REFERENCES:** Include individuals familiar with your work ability. Do not include your relatives.  
Name Address/Phone Number Years known/Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**LAKE MICHIGAN CONTRACTORS**  
**RELEASE, WAIVER, RECEIPT**

I HEREBY CERTIFY THAT THE STATEMENTS I HAVE GIVEN ON THIS APPLICATION ARE TRUE AND I HAVE NOT KNOWINGLY WITHHELD ANY CIRCUMSTANCES THAT MIGHT, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND AND AGREE THAT IF ANY STATEMENTS MADE BY ME ON THIS APPLICATION PROVE TO BE FALSE OR MISLEADING OR INCOMPLETE, IT WILL PREVENT ME FROM BEING HIRED; OR IF HIRED, IT WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL FROM EMPLOYMENT.

I HEREBY AUTHORIZE ALL MY FORMER EMPLOYERS TO GIVE ANY INFORMATION THEY HAVE REGARDING MY EMPLOYMENT WITH THEM IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT; AND I RELEASE THEM FROM ANY LIABILITY OR DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE DEPENDENT UPON THE RESULT OF A PHYSICAL EXAMINATION AT THE COMPANY'S REQUEST.

IN CONSIDERATION FOR MY EMPLOYMENT, I HEREBY AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND POLICIES ESTABLISHED BY **LAKE MICHIGAN CONTRACTORS** FOR ITS EMPLOYEES, INCLUDING SUCH NEW OR REVISED RULES, REGULATIONS AND POLICIES AS MAY BE SUBSEQUENTLY ESTABLISHED.

I AGREE THAT A FULL REPORT OF MY RECORD AS AN EMPLOYEE, INFORMATION AS TO MY ABILITY, AND ALSO THE CAUSE FOR MY LEAVING THE COMPANY MAY BE GIVEN TO ANY PERSON WITH WHOM I MAY HEREAFTER SEEK EMPLOYMENT; AND I HEREBY RELEASE THE COMPANY FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATSOEVER NATURE BY REASON OF THE FURNISHING OF SUCH INFORMATION.

I FURTHER HEREBY EXPRESSLY AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I FURTHER UNDERSTAND AND AGREE THAT NO OFFICER, AGENT OR REPRESENTATIVE OF **LAKE MICHIGAN CONTRACTORS** OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY SUCH AGREEMENT OR UNDERSTANDING MUST BE IN WRITING, ADDRESSED TO MYSELF AND SIGNED BY THE PRESIDENT. UNDER NO CIRCUMSTANCES WILL THERE BE ANY VERBAL AGREEMENTS.

I HEREBY AUTHORIZE **LAKE MICHIGAN CONTRACTORS** TO CONTACT THE COMPANIES, SCHOOLS AND/OR PERSONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) REGARDING MY PERFORMANCE RECORD AND WORK, ACADEMIC AND/OR MILITARY EXPERIENCE. I ALSO HEREBY RELEASE **LAKE MICHIGAN CONTRACTORS** AND SAID COMPANIES, SCHOOLS AND PERSONS FROM ANY AND ALL LIABILITY AND DAMAGES FOR RELEASING OR USING SUCH INFORMATION. I ALSO HEREBY WAIVE ANY RIGHT UNDER 1978 PA 397 OR ANY OTHER LAW TO RECEIVE WRITTEN NOTICE FROM SAID COMPANIES, SCHOOLS AND PERSONS CONCERNING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER DISCIPLINARY ACTION TAKEN AGAINST ME WHILE EMPLOYED THAT ARE DISCLOSED TO **LAKE MICHIGAN CONTRACTORS**

**Please read the above carefully before signing. Your signature indicates that you have read and expressly agree with all the foregoing,**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed by applicant

**LAKE MICHIGAN CONTRACTORS**  
**PRE-EMPLOYMENT EXAMINATION**

I UNDERSTAND THAT A JOB-RELATED PRE-EMPLOYMENT PHYSICAL EXAMINATION AND DRUG AND ALCOHOL SCREENING TEST WILL BE REQUIRED. I UNDERSTAND THAT REFUSAL TO SUBMIT A BLOOD OR URINE SAMPLE FOR TESTING, OR REFUSAL TO SIGN AN AUTHORIZATION FORM MAY, OR WILL, RESULT IN THE COMPANY REFUSING TO OFFER EMPLOYMENT. I ALSO UNDERSTAND THAT POSITIVE TEST RESULTS COULD BE THE BASIS OF A DECISION NOT TO OFFER EMPLOYMENT.

I AUTHORIZE ANY PHYSICIAN OR HOSPITAL TO RELEASE ANY INFORMATION WHICH MAY BE NECESSARY TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF A JOB FOR WHICH I AM BEING CONSIDERED.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**LAKE MICHIGAN CONTRACTORS**  
**DRUG TESTING AUTHORIZATION**  
**WAIVER AND RELEASE**

I recognize that prior to being employed by Lake Michigan Contractors, (and at any time during that employment), I may be requested to furnish a urine specimen for chemical analysis. I understand that the purpose of that analysis will be to determine or rule out the presence of non-prescribed or prohibited controlled substances in my system. I consent and agree, freely and voluntarily, to provide such urine sample upon request and to cooperate with any breathalyzer, or other drug or alcohol testing at any time prior to and/or after employment by the Company. I agree to disclose completely all information requested during such testing as to my physical condition and medication and medical history.

I hereby waive and release the Company and any testing agency retained by it, and their officers, employees, and agents from any and all claims or liability of any nature arising: from any such testing or analysis; or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis; or with respect to any allegations that any State or Federal constitutional or other rights which I may have to privacy have been violated by virtue of such testing, disclosures of testing results, or decisions made with respect to same.

I stipulate and agree that a photostatic copy of this Authorization, Waiver and Release as signed by me shall have the same validity and function as would the original.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**LAKE MICHIGAN CONTRACTORS**  
**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Lake Michigan Contractors's policy.

I confirm my references and previous employers listed above. They may give you any and all information concerning any previous employment and any pertinent information that they may have, personal or otherwise. I release all parties from all liability for any damage that may result. I specifically waive any right to be notified under any act of the release of personnel file information by prior employers. This authorization is executed in conformance to the requirements of the Fair Credit Reporting Act. It constitutes notice to me and provides my consent that any Credit Reporting Agency, as defined under the Fair Credit Reporting Act, may request and/or receive information about me and provide same in accordance with the Fair Credit Reporting Act at any time to this employer.

In consideration of my employment, I agree to conform to the rules and regulations of Lake Michigan Contractors and my employment and compensation can be terminated, without cause and with or without notice at any time, at the option of either Lake Michigan Contractors or myself. I understand that no representative of Lake Michigan Contractors, other than the President of Lake Michigan Contractors, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Any agreement altering the terminable at-will nature of the employment relationship must be in writing, directed to me personally, and signed by myself and the President and approved by the Board of Directors. A copy of this certification and agreement shall constitute a duplicate original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date