

Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Date: / /

Last Name		First	Middle
Street Address			Home Phone () -
City	State	Zip	Email Address
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, employment is subject to verification of minimum legal age.			Social Security No. - -
How did you learn of our organization?			
Are you employed now?		If so, may we inquire of your present employer?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe in full.			

Availability *Please put down the available hours to work between 8:30am - 5:00pm.*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Education *Name and location of school* *Course of Study* *Years Attended* *Did you graduate?*

	<i>Name and location of school</i>	<i>Course of Study</i>	<i>Years Attended</i>	<i>Did you graduate?</i>
College				Yes <input type="checkbox"/> No <input type="checkbox"/>
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Military

Branch of Service	Period of Active Duty (Month & Year) From / To /	Rank at discharge
Describe your duties and any special training		

Employment History Please give accurate, complete full-time and part time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From / To /
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From / To /
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From / To /
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone () -
	Address	Employed (Start Month and Year) From / To /
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	<input type="checkbox"/> Do not contact
	Employer Number(s) _____
	Reason _____

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References Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Authorization

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

I authorize investigation of all statements contained herein and the references and employers (unless marked not to) listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date / / Signature _____

Please complete and mail or fax a copy of this form to:

Hayes Specialties Corporation
 Attn: Office Manager
 1761 East Genesee Ave
 Saginaw, MI 48601
 Phone (989) 755-6541
 FAX (989) 755-2341

www.eHayes.com

DO NOT WRITE BELOW THIS LINE

Interview scheduled on Date <u> / / </u>	Interview scheduled with
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Remarks

Hired Date <u> / / </u>	Position	Salary/Wages
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