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An Equal Opportunity Employer

### APPLICATION FOR EMPLOYMENT

Name (Print)	Date
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Smith's Waterproofing LLC is an equal employment opportunity employer. Applications will be considered for employment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender identity, disability, marital or veteran status. This application will not be considered unless all questions are fully and accurately answered. This application will not be considered unless it is signed by the applicant. The use of this form does not indicate that there are any positions presently open and does not, in any way, obligate this Company. This application for employment is not a contract of employment and in no way constitutes a commitment by the Company to hire any applicant for employment.

#### AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. This release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. I understand that I stipulate that I will not challenge my discharge if I provide any misleading information or omissions on my application. I understand also that, if hired, I am required to abide by all the rules and regulations of the Company.

Furthermore, I understand and agree that my employment is for no definite period and, regardless of the date of payment of my wages or salary, that either party may terminate the employment relationship, with or without cause, at any time. I further understand and agree that no employee or official of the Company has any authority to alter the terms of my at-will employment through oral statements or promises. In order to be binding on the Company, any agreement or promise that alters this policy must be in writing and signed by the President or Vice President of the Company.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

**I understand as a condition of employment that I may be required to work any shift on any day of the week at the sole discretion of the Company.**

Signature: \_\_\_\_\_  
(Applicant Must Sign) (Date)

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**PERSONAL**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number (with area code): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

Have you filed an application before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

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**EMPLOYMENT DESIRED**

Position(s) applied \_\_\_\_\_

Kind of work sought: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary desired \_\_\_\_\_ Date available to work \_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

**EMPLOYMENT EXPERIENCE:** (List current or most recent job first)

Employer	Date		Work Performed
Address	From	To	
City State Zip			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Address	From	To	
City State Zip			
Job Title	Hourly Rate/Salary		
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Employer	Date		Work Performed
Address	From	To	
City State Zip			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

List any other positions on a separate sheet

<b>EDUCATION</b>	<b>Name/Location</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>	<b>Courses of Study</b>
High School				
College				
Graduate				
Apprenticeship & Vocational				
Certifications				

**REFERENCES** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

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**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National Guard?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Are you in the reserves? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

License No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_

If CDL, what class and endorsements do you have? \_\_\_\_\_

List professional trade, business or civic activities and offices held **excluding** groups where the name or character of which indicate race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital or veteran status, height, weight or age \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

Name, address, and telephone number of the person to be notified in the event of accident or emergency

Date \_\_\_\_\_ Signature \_\_\_\_\_