



POINT O' WOODS

Employment Application

Thank you for your interest in employment with Point O' Woods. We look forward to reviewing your qualifications. Point O' Woods is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital or familial status, physical or mental disability, military or veteran status or other protected status.

Applications are kept on file for sixty days. After that timeframe, you may complete an additional application if interested in further opportunities with Point O' Woods. All new employees are subject to pre-employment drug screening and a criminal background check. If you should need reasonable accommodation during the application and/or interview process, please notify the General Manager.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone	E-mail Address		
Secondary Phone	How did you hear about us?		
Date Available	Social Security No.	Desired Wage/Salary	
Position Applied for			
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this business? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> * If yes, explain, including dates and nature of offense			
<i>*Answering 'yes' does not necessarily bar you from employment; various factors including date, nature of offense, nature of position, severity of offense will be considered.</i>			
EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>
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CERTIFICATIONS / LICENSES / SKILLS

Certification / License	Certification / License
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Date Obtained	Expires	Date Obtained	Expires
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General Computer Proficiency	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
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Microsoft Office Proficiency	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
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Other Skills / Training

DISCLAIMER AND AUTHORIZATION

I hereby authorize my past employers, and any of their representatives, to provide Point O' Woods all information in their possession regarding any aspect of my employment and/or records with them, and I hereby agree to release and forever hold them harmless from any damages or other liability to me arising from or as a result of any disclosure authorized herein. I also hereby waive my right to notice of such disclosure under Michigan's Employee Right to Know Act, or any similar statute of another state.

I hereby give my consent for Point O' Woods, through an authorized testing service of its choice, to conduct the necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release Point O' Woods from any liability arising out of such tests or results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Point O' Woods management for appropriate review. I understand that in order to be considered for employment by Point O' Woods, I must be drug and alcohol free, as confirmed by such testing. If I am accepted for employment by Point O' Woods, I hereby consent to be tested in the above manner during my employment when, in Point O' Woods' judgment, such testing is appropriate, and I acknowledge that remaining free of illegal or unauthorized drug use is a condition of my employment. I understand and agree to authorize Point O' Woods to secure criminal conviction history from the appropriate law enforcement agency.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Point O' Woods to verify their accuracy and to obtain reference information. I hereby release Point O' Woods from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Point O' Woods. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

By signing below, I hereby acknowledge that I have read the disclaimer statement and agree to be bound by the terms stated.

Signature

Date