

Personal Information

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial		
Address (<i>Street Number and Name</i>)		Apt. Number	City or Town		State	ZIP Code
U.S. Social Security Number			Employee's E-mail Address		Employee's Telephone Number	

Are you 18 years or older: **Yes**
No

Are you currently employed: **Yes**
No

Are you currently a student: **Yes**
No

Emergency Contact

Name:

Address:

Phone:

Additional Information

Have you been convicted of a felony or are there any felony charges pending against you: **Yes**
No

If yes, where, when & the nature of offence?:

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:

Education History

High School

High School Name/Location:

Years Completed: Diploma/Degree: Course of Study:

College

College Name/Location:

Years Completed: Diploma/Degree: Course of Study:

Graduate

Graduate Name/Location:

Years Completed: Diploma/Degree: Course of Study:

Employment History

Employer 1

Employer: Dates Address:

Job Title: Supervisor: Reason for Leaving: Hourly Rate /Salary

Work Performed:

May We contact your previous supervisor for a Reference?

Employer 2

Employer: _____ Dates _____ Address: _____

Job Title: _____ Supervisor: _____ Reason for Leaving: _____ Hourly Rate /Salary _____

Work Performed:

May We contact your previous supervisor for a Reference?

Employer 3

Employer: _____ Dates _____ Address: _____

Job Title: _____ Supervisor: _____ Reason for Leaving: _____ Hourly Rate /Salary _____

Work Performed:

May We contact your previous supervisor for a Reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

if other than honorable, explain:

Authorization & Disclaimer

Upon the signing of this application, I represent that all the information given by me is true and complete. I authorize Extra Resource Staffing of Michigan, LLC to verify any of the information concerning my former employment, education, criminal background or credit. I authorize to release such information as required including any record of disciplinary action without any obligation to give me written notice of such disclosure.

I authorize Extra Resource Staffing of Michigan, LLC to release any information requested by any of my prospective employers without any obligation to give me written notice of such disclosure. I hereby release Extra Resource Staffing of Michigan, LLC and such other third parties from any liability whatsoever as a result of any such inquires and disclosures. I certify that all information on this application is true, and correct. I understand and agree that any misrepresentation, misleading statement or omission on this application will be sufficient reason for (1) my not being offered employment;(2) dismissal at any time.

I agree that any offer of employment by Extra Resource Staffing of Michigan, LLC is contingent upon the results of a physical examination and or drug test. I authorize and consent to such examination and or drug test.

I agree that my employment if hired by Extra Resource Staffing of Michigan, LLC is "at-will" and either party may terminate the employment relationship with or without cause at any time, I further agree that this policy may only be altered in writing directed to me personally and signed by the Managing Member of Extra Resource Staffing, LLC I agree that I shall be bound by the rules, policies, terms and conditions of employment of Extra Resource Staffing of Michigan, LLC as they are from time to time changed, and no obligation can be imposed on Extra Resource Staffing of Michigan, LLC except those which have been acknowledged in writing.

I agree that any action or suit against Extra Resource Staffing of Michigan, LLC arising out of or related to my employment or termination including but not limited to claims arising under state or federal civil rights statutes, must be arbitrated through the procedures of the American Arbitration Association and must be brought if at all with in the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive my limitation period to the contrary.

By Selecting Yes, You Agree to This Authorization and Disclaimer

Yes I Agree