

IROQUOIS INDUSTRIES, INC.

Application for Employment

Please note: Your application maybe forward to our authorized agents placing contractors in temporary positions. This application will only remain active for 3 months, after which the applicant would need to re-apply

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

Name: _____
Last First M.I.

SS# _____
Only complete upon employment

Present Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Work (_____) _____

Shift Applying for: 1st Shift 2nd Shift Are you 18 years or older? ____ Yes ____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired: _____ Type of Employment: ____ Full-time ____ Part-time

Are you employed now? ____ May we contact your present employer? ____

Name, title and phone of current employer: _____

Have you ever applied to this Company before? ____ Where? _____

Under what name? _____ When? _____

Name of Relatives already employed by Iroquois Industries:

Name: _____ Relationship: _____

EDUCATION:

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? ____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? ____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where offense occurred. _____

Please provide any additional information such as special skills, training; management experience; equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Emergency Contact: _____

Name Street City/State Phone

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically listed, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

May we contact the employers listed? _____ Yes _____ No

*If not, which one(s)? _____

Please read the following statement carefully before signing to indicate your understanding.

I understand that, after being offered employment, I may be requested to take a pre-employment physical examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired as a fulltime employee I must not be a paid employee of another company, or entity. Being a paid employee of another organization at the same time as being an employee of Iroquois Industries can initiate termination of Iroquois Industries employment.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may terminate regardless of the date of payment of my wages and/or salary. My employment may be terminated with or without cause, at any time, with or without notice, and I may terminate my employment at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

Signature _____
Date

For Employer Use Only – Complete only if Applicant has been interviewed.	
Interviewed by: _____ Date: _____	
**Hired: <input type="checkbox"/> Iroquois Employee <input type="checkbox"/> Sent to Temp Service <input type="checkbox"/> No	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal Employee Dates: _____	
Target Starting Date: _____ Job Title: _____ Hourly Rate: _____	
<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift M-F Shift Hours: _____	
Saturday Shift Hours: _____ Department Number: _____ Language: _____	
Schedule Training: <input type="checkbox"/> Forklift Training <input type="checkbox"/> Crane Training <input type="checkbox"/> Lock/Out Tag/Out Authorized User <input type="checkbox"/> Aerial Lift <input type="checkbox"/> Oxy Fuel Cutting Torch	
Supervisor: _____ Management Approval: _____ / _____	
Manager: _____	

** Offer of employment is conditional upon satisfactorily completing the pre employment physicals and inquires.

For H/R Use Only – Complete only for Payroll Entry: EMPLOYEE NUMBER # _____			
<u>Pre-Testing Requirements</u>	<u>Payroll</u>	<u>Benefits</u>	<u>H/R Online</u>
<input type="checkbox"/> Physical <input type="checkbox"/> Drug Screen <input type="checkbox"/> Hearing Test <input type="checkbox"/> T.B. Test <input type="checkbox"/> or Chest x-ray Initials _____ Date _____ (Revised 08/01/2012)	Preview <input type="checkbox"/> Time Clock <input type="checkbox"/> FOC <input type="checkbox"/> Title Change List <input type="checkbox"/> Org. Chart <input type="checkbox"/> Initials _____ Date _____	AFLAC <input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> HRA/HSA <input type="checkbox"/> STD/LTD/Life <input type="checkbox"/> Cintas Uniforms <input type="checkbox"/> Initials _____ Date _____ _____ 401(k) <input type="checkbox"/> Straightline <input type="checkbox"/> Initials _____ Date _____	HR On Line Training <input type="checkbox"/> Initials _____ Date _____