

Our organization operates under a “zero tolerance” work space policy, free from all substance abuse.

We operate as an **equal opportunity employer** and **will not unlawfully discriminate** on the basis of race, color, sex, religion, national origin, age, marital or veteran status, height, weight, the presence of a medical condition or handicap, or other characteristics protected by law.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. **Handicap employees and applicants may request accommodation of their handicap** by notifying the Company in writing of their need for accommodation within 182 days of hire. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the employee/applicant request.

Your interest in our Company is appreciated and we assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets our needs and your qualifications. **You must complete the entire application to be considered for employment.**

PERSONAL

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip code)

Telephone _____ Best time to call _____ SS# _____

Have you ever been employed by this Company? Yes No If yes, when? _____

Have you previously submitted an application under your current name or a different name? Yes No
 If yes, when and under what name did you apply? _____

Are you 18 years or older? Yes No If **NO**, please list age _____

Are you legally authorized to work in the United State of America? Yes No

DESIRED EMPLOYMENT Do you prefer: Full time Part time Other

Position(s) applied for _____

If part time or other, please specify hours and days
 Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Salary desired for position \$ _____ Date available to begin _____

Please check all skill areas you possess or have experience in: Clerical Collection Bookkeeping

Hazmat Outside Sales Safety Training Other _____

P.C. Software: Lotus Excel Windows Other _____

How did you hear about us?
 Walk-In Newspaper Television Solicitation Other _____

WORK HISTORY Complete the following in chronological order, beginning with your most recent employment.

Employer: _____	Address: _____
Job title: _____	Hourly rate/salary: start _____ finish _____
Supervisor: _____	Reason for leaving: _____
Work responsibilities: _____	

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Job title: _____	Hourly rate/salary: start _____ finish _____
Supervisor: _____	Reason for leaving: _____
Work responsibilities: _____	

If you are currently working, may we contact your current employer? Yes No

REFERENCES

Name _____	Address _____
Phone number _____	Years known _____ <input type="checkbox"/> personal <input type="checkbox"/> professional
Name _____	Address _____
Phone number _____	Years known _____ <input type="checkbox"/> personal <input type="checkbox"/> professional
Name _____	Address _____
Phone number _____	Years known _____ <input type="checkbox"/> personal <input type="checkbox"/> professional
Name _____	Address _____
Phone number _____	Years known _____ <input type="checkbox"/> personal <input type="checkbox"/> professional

EDUCATION

High School Name _____	Location _____	Years Completed _____
Diploma/Degree _____	Courses of Study _____	
College Name _____	Location _____	Years Completed _____
Diploma/Degree _____	Courses of Study _____	
Graduate School _____	Location _____	Years Completed _____
Diploma/Degree _____	Courses of Study _____	
Vocational/Certification _____	Location _____	Years Completed _____
Diploma/Degree _____	Courses of Study _____	

CRIMINAL RECORD

Have you been **convicted** of a felony or misdemeanor crime? Yes No

If yes, give details including date, location (city/town), nature of offense(s) and disposition.

A conviction record will not necessarily preclude you from an offer of employment.

ADDITIONAL INFORMATION

Military Service Record

Are you a United States Veteran? Yes No If yes, please list experience and special education received.

Are you currently in the reserves? Yes No

General Information

Are you able to be bonded? Yes No

If hired, do you have reliable transportation to and from work? Yes No

Do you have any friends or relatives working here? Yes No If yes, please list name(s)

Name and phone number of contact in the event of an emergency

AGREEMENT AND ACKNOWLEDGEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I consent to and release from all liability and responsibility all persons and corporations requesting or supplying such information and waive my right to notice to such disclosure.

I give my consent to Archambo Enterprises, through an authorized testing service of its choice, to collect blood, tissue, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized Archambo Enterprises management members for appropriate review. If I am accepted for employment by Archambo Enterprises, I consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drugs and complying with Archambo Enterprises' substance abuse policy is a condition of my employment.

Should I receive an offer of employment, I agree to submit to any physical or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Archambo Enterprises.

I also agree to permit the Company to conduct any other background investigation procedure, including, but not limited to a credit check, it deems appropriate with respect to my application and, in the event of hire, while employed.

I understand that if I have a protected disability that affects my ability to apply for a position with Archambo Enterprises or to perform the job I seek, I may ask Archambo Enterprises to attempt to make a reasonable accommodation for it. I must let Archambo Enterprises know about the need for my accommodation as soon as possible.

I understand that either party may terminate the employment relationship, with or without cause, at any time, and for any reason, and further agree that this arrangement may only be altered in writing directed to me personally and signed by the Owner of Archambo Enterprises. I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of Archambo Enterprises as they are from time to time changed, and no additional obligations can be imposed on Archambo Enterprises except those which have been acknowledged in writing, by the Owner of Archambo Enterprises or their designated representatives.

I hereby authorize Archambo Enterprises to deduct from each and every pay period any amounts necessary to offset damages caused by me or the value of property or money trusted to me, or owed by me to Archambo Enterprises during the course of my employment.

I further agree that if I should bring any legal action or claim out of my employment against Archambo Enterprises in which Archambo Enterprises prevails, I will pay to Archambo Enterprises any and all costs incurred by Archambo Enterprises in defense of said claims or actions, including but not limited to attorney fees and court costs.

Applicant Signature

Date

Printed Name

Reference Check (Office Use Only)

- (1) _____
- (2) _____
- (3) _____
- (4) _____

September 1, 2005

Dear Company Vehicle Driver:

The Fair Credit Reporting Act (FCRA), provides protection and responsibilities to employers who use MVR's for making employment decisions or company car assignments. In compliance with our responsibilities, your company submits the following disclosure and release information to you for your signature.

Please read and complete this form and return it immediately to the Fleet Department. Should you have any questions, please feel free to contact me.

Best regards,
Fleet Manager

DISCLOSURE AND RELEASE

In connection with my company car assignment with you, I understand that Motor Vehicle Reports which may contain public record information may be requested from contracted suppliers. These reports may contain information concerning my driving record, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from contracted suppliers concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY ARCHAMBO ENTERPRISES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hereby consent to your obtaining the above information, and to authorize the procurement of Motor Vehicle Report(s). My _____ (state) driver's license number is _____ and expires on _____. This authorization shall remain on file and shall serve as ongoing authorization for you to procure Motor Vehicle Reports at any time during my employment (or contract) period.

Printed Name

Social Security Number

Signature

Date of Birth

Date