

APPLICATION FOR EMPLOYMENT

Today's Date \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Length of Time at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Job applied for: \_\_\_\_\_ Fulltime or Parttime

If hired when can you start? \_\_\_\_\_ Are you authorized to work in the US? Yes No

Do you have reliable transportation: Yes No Salary Desired: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

List anyone you know who works for us: \_\_\_\_\_

List any skill, qualifications or experience which you have that would benefit the job you're applying for.

Did you serve in the military: Yes No From: \_\_\_\_\_ to \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Duties: \_\_\_\_\_

Where you dishonorably discharged? Yes No If yes, explain: \_\_\_\_\_

Are you able to do the job for which you are applying? Yes No If no, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, please explain: \_\_\_\_\_

Do you have any felony charges pending against you? Yes No If yes please describe: \_\_\_\_\_

**EDUCATION**

Level of Education: Diploma \_\_\_\_\_ GED \_\_\_\_\_

Name of School: \_\_\_\_\_

College: Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_

Name of College: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Trade School: Certification Yes No

Name of Trade School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

**PRIOR WORK EXPERIENCE**

NAME OF EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	WAGES	REASON FOR LEAVING
	Start      End			

**BUSINESS REFERENCES**

NAME	ADDRESS & TELEPHONE #	OCCUPATION
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PLEASE READ CAREFULLY

### **1 Certification of Truthfulness**

I certify that all statements on this Application For Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

### **2 Authorization for Employment/Educational Information**

I authorize the references, listed in this Application For Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization. I agree to execute an authorization for this Employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

### **3 Employment At Will**

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.

### **4 Authorization To Work**

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

### **5 Limitation on Claims**

I agree that any action or suit against the Company arising out of my employment or termination of employment including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days (or the minimum time that a court of competent jurisdiction finds to be reasonable) of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

### **6 Need for Accommodation**

If I am a handicapped and require an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as require by law.

### **7 Release of Medical Information**

I authorize every medical doctor, physician or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand this release will not be sent to my physician or other health care provider until a job offer is made.

**8 Physical Exam, Drug and Alcohol Testing**

I agree to take a physical exam and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test.

**9 Credit Report**

I understand that the Company may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposes or evaluating my application for employment. I further understand that I may request in writing from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the Company.

**10 Consideration for Employment**

I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply in person.

I have read and understand items one through ten above, and acknowledge that with my signature below.

I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

DATED: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, What can be done to accommodate your limitation? Please Describe

\_\_\_\_\_  
In Case of emergency notify: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that , if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_

Wage: \_\_\_\_\_ Hiring Manager: \_\_\_\_\_

PLEASE READ CAREFULLY  
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We welcome your application with Pitsch Companies (Pitsch Leasing, Inc., Pitsch Hauling and Disposal, Inc., Pitsch Recycling & Disposal, Inc. and/or any of its affiliates, subsidiaries and related companies) (hereinafter referred to as Pitsch). We require, as a condition of the employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

This release and authorization acknowledges that Pitsch may now, or at anytime while I am employed with them, conduct a verification of my education, previous employment/work history, contact personal references, motor vehicle records, and obtain any criminal history record and information pertaining to me which may be in the files of any Federal, State or local criminal justice agency in Michigan or any other states and or other information as deemed necessary to fulfill the job requirements. Pitsch may obtain from my prior employers information including my employment records, medical records, drug and substance abuse history and reports, reviews and evaluations about employment, driving records and any and all written and verbal opinions from my prior employer to help evaluate and determine whether or not I should be hired by Pitsch. The results of this verification process will be used to determine employment eligibility under this Company's employment policies. All results will be proprietary and will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than designated Company Personnel.

I the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for dismissal.

I have read and understand this release and consent to the release of information described herein, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and agencies to provide Pitsch with all information requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Pitsch and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information, even in the event the information provided

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PRINT: Applicant's Name: (First, Middle, Last)

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Date

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Signature

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Social Security Number

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Address

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Driver's License Number/State

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City, State & Zip Code

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Phone Number