



We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, sexual orientation, pregnancy (or other related conditions), religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the company may preclude any claim that the employer failed to accommodate the disabled individual.

Employment Application

You must complete this form to apply for employment. Answers must be complete and legible. **DATE:**

Applicant Information				
Applicant's Name (Last, First, M.I.)			Primary Telephone No.	
Street Address			1 st Alternate Phone No.	
City	State	Zip Code	2 nd Alternate Phone No.	
E-mail Address			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Discharge *
Are you a citizen of the United States or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position(s) Applying For:			How did you learn of the vacancy?	
Date You Can Start	Wage Desired		Have you applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, what date(s)?	
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide names:				
What method of transportation will you use to come to work?				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License No.				State:
Have you ever been convicted of, plead guilty, or plead no contest to a crime? * <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, where, when and nature of offense:				
Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where and nature of charges:				
*NOTE: Neither a conviction record nor a dishonorable discharge will be an automatic bar to employment. Factors such as the nature of the offense, date, disposition etc. will be considered as it relates to the job you are applying for and consistent with business necessity.				
Have you ever been discharged or suspended by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Do you have any supplemental employment that may be a conflict of interest for the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
List any relative(s) currently working for this company:				
List any friend(s) currently working for this company:				

Education and Training

Check all applicable boxes. Attach copy of college transcript if required.	Name/Location	Diploma/Degree Courses of Study
<input type="checkbox"/> High School Graduate/GED		
<input type="checkbox"/> Associates Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Vocational/Technical Training, Other		

Occupational Licenses, Registrations, Certifications

License/Certificates Issued By	Field/Trade/Specialization License/Certificate No.	Issue Date	Expiration Date

Employment History

Please list below all work-related experience, including military service, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume to this application.

Are you currently employed? Yes No If so may we contact your current employer? Yes No

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer/Company:		Supervisor Name & Title:	
Business Address:		Current/Ending Wage	Telephone No.
Description of Job Duties:		Reason for leaving	

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Business Address:		Current/Ending Wage	Telephone No.
Description of Job Duties:		Reason for leaving	

Special Skills Such As: Machines or equipment you can operate, languages you can speak fluently, experience with special tools etc.

Computer skills: List any IT and computer use/repair skills to include experience levels with software programs:

REFERENCES: (Do not include relatives or former employers)

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation

AUTHORIZATION AND UNDERSTANDING

I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Company (and its employees and prospective employees) you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC.

Signature _____ Date _____

I agree my employment, compensation, and benefits are "at-will." This means I am free to terminate my employment, at any time, for any or no reason at all, with or without cause, and with or without notice. Similarly, the Company may terminate the employment relationship and/or change my compensation or benefits at any time, for any reason or no reason at all, with or without cause, and with or without notice. No amendment or exception to this at-will status can be made at any time, for any reason, except by the Company's Owner and it must be in writing, directed to me personally, and signed by both the Owner and me. I further acknowledge that no one has made any representations or statements contrary to the Company's at-will policy to me, either orally or in writing as of the date of this application. I agree to conform to rules and policies of the Company.

Signature _____ Date _____

I agree that any action, suit, or charge against the Company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees. I also agree all such claims shall be decided by a judge and not a jury. I specifically waive my right to have a jury decide the outcome of any such claims. I also agree to not be a member of a class action lawsuit against the Company. I agree that this jury waiver, class action waiver, and shortened statute of limitations shall apply to any claim against the Company, its parent, successors and assigns and its/their current or former employees, members, directors, officers, or agents.

Signature _____ Date _____

I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of information is grounds for a rejection of this Application or dismissal of any employment if I am hired.

Signature _____ Date _____

Special Notice

If you are made an offer for employment with PCS you will be required to pass a pre-employment drug test. Whenever testing is conducted employees shall be screened for evidence of marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines.