



## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION:** *Incomplete information could disqualify you from further consideration. Please complete all fields.*

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  Yes  No

Have you ever been discharged, laid-off or asked to resign by an employer?  Yes  No

If yes, please provide company names and details

\_\_\_\_\_

Can you work any shift?  Yes  No Can you work overtime, including weekends?  Yes  No

Have you ever been convicted of a crime? (Such conviction may be relevant if job related, but does not necessarily bar you from employment)  Yes  No

If yes, please provide crime(s) and date(s).

\_\_\_\_\_

### EMPLOYMENT DESIRED

Position desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Hourly Rate/Salary desired \_\_\_\_\_ Are you currently employed?  Yes  No

### REFERRAL SOURCE

How did you hear about us? (circle one)

Walk in    Advertisement    Referral    Other \_\_\_\_\_

Have you ever employed by LorAnn Oils before?  Yes  No

If yes, please provide position(s) and date(s) \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

**EDUCATION HISTORY**

Education	Name and location of school	# of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade or Other School				

**EMPLOYMENT HISTORY** Include your employment history, including periods of unemployment, starting with the most recent position and working backwards in time.

Company Name	Your Position and Title	Date From	Date To	Supervisor's Name and Title
Type of Business	Employer Address	Employer Phone Number		Reason for Leaving
Briefly describe your duties				

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**PROFESSIONAL REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Relationship	Years Acquainted

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**Please read carefully before signing.**

I understand that my employment will not be considered unless the application is completed in its entirety.

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Company or its agent to verify their accuracy, to obtain reference information on my work performance and to obtain additional job-related information. I hereby release the Company or its agent, as well as all companies and individuals contacted, from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that false or misleading information of any kind, omissions of facts called for on this application including failure to reveal any prior employer, or concealed material information may result in discontinuing the hiring process, the denial of employment or, if employed, dismissal.

I understand that nothing said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and that the employment relationship is at-will; either I or the Company may terminate my employment at any time, with or without notice or cause.

I understand that the Company will provide, to the extent that it does not constitute an undue hardship, an accommodation in response to a request. Under Michigan law, if I am a qualified individual who is disabled and requires an accommodation, I understand it is my responsibility to request an accommodation within 182 calendar days after the date I knew or reasonably should have known that an accommodation was needed.

I agree to commence any action, demand, claim or suit relating to the hiring process or my employment relationship with the company within the lesser of: (i) six (6) months (180 calendar days) after I knew or should have known about the event giving rise to the action demand, claim or suit, or (ii) the applicable statute of limitations. I agree to waive any statute of limitation to the contrary.

I understand that this application will remain active for consideration for 90 days. If at the conclusion of this period, I want to continue to be considered for employment, I understand I must update my application in the system.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

As an equal opportunity employer, the Company does not discriminate in employment on account of race, color, religion, national origin, age, gender, pregnancy, physical or mental disability, military status, genetic information or any other characteristics protected by applicable law.