

General Information:

Last Name _____ First Name _____ Middle _____
 Address _____ Apt# _____
 City _____ State _____ Zip _____
 E-mail Address _____ Area Code & Home Phone _____ Area Code & Cell Phone _____

Are you currently authorized to work in the United States without employer sponsorship? Yes No

Have you ever been convicted of a felony or a crime involving dishonesty or false statement, fraud or theft, or do you have any felony charges pending against you? Yes No (conviction does not constitute an automatic bar to employment).

If yes, please state date, place and nature of conviction _____

Have you ever been suspended, discharged or asked to resign from employment? Yes No

Are you able to perform all of the essential functions and duties required of the position for which you are applying, with or without reasonable accommodation? Yes No

If no, how would you perform these essential functions and duties, and with what accommodation(s)?

Are you subject to any City / Local tax? Yes No Name of City / Locality _____

Are you over 18 years old? Yes No If under age 18, please attach work permit and state your age _____

In case of emergency, please contact:

Name _____ Relationship _____
 Daytime Area Code & Phone# _____ Area Code & Cell Phone# _____ Evening Area Code & Phone# _____

Employment History:

Start with present employer and list all previous employment (use separate sheet if necessary)

	Dates (Month & Year)	Name and Address	Phone #	Supervisor's Name & Title	Position	Salary
From						
To						
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off (other explain on a separate sheet of paper)						
From						
To						
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off (other explain on a separate sheet of paper)						
From						
To						
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off (other explain on a separate sheet of paper)						
From						
To						
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharge <input type="checkbox"/> Laid Off (other explain on a separate sheet of paper)						

Please indicate which employer(s) you have listed that you do not wish us to contact: _____

Education:

	School Name	Address	Grade of Completion
High School			
College or Trade School			
List any special license or certification:			

Please read carefully before signing

I certify that all of the answers and information given by me in this Application are true, accurate and complete. If I am hired and/or my employment is continued, I understand that I will be subject to immediate dismissal if any of the requested information was withheld or omitted by me or any of the statements given by me are false, inaccurate or misleading.

I authorize investigation of all information contained in this Application and also authorize full disclosure of my present and prior work records by any employer. I understand that this may include a record of disciplinary action accessed by the employer. I also understand that employment and/or continued employment arising out of this Application is contingent upon the results of this investigation. I authorize Electronic Restoration Services, Inc. to contact those employers and other references I provided in this Application. I release Electronic Restoration Services, Inc. and any person or prior employer from any liability arising from or connected with disclosure of information during the investigation.

I agree that if I am hired by Electronic Restoration Services, Inc. and/or my employment is continued with _____, with whom I am co-employed with Electronic Restoration Services, Inc. (collectively referred to as the "Companies"), my employment may be terminated at will at anytime for any reason or no reason at all. I further recognize that if I am employed by the Companies, I will receive compensation and benefits and be subject to rules and regulations. I agree that such compensation, benefits, rules and regulations are subject to change by the Companies with or without notice to me. I understand that if hired and/or my employment is continued, I am required to comply with any and all policies of the companies. I understand that any agreement altering the terminable at-will nature of the employment relationship must be in writing and signed by me and the President of Electronic Restoration Services, Inc..

I agree to immediately notify the Companies if I am convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, abuse or violence, while my Application is pending or, if hired, during my employment.

If applying for employment in Michigan, I understand that Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants must request an accommodation of their disability by notifying the Companies in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. Failure to properly notify the Companies will preclude any claim that the Companies failed to accommodate the disability.

Electronic Restoration Services, Inc. is an equal opportunity employer. It is our policy that all applicants be considered for employment solely on the basis of qualifications and ability, without regard to race, color, religion, national origin, sex, age, disability, veteran status, marital status or any other characteristic protected by law unrelated to the employer's ability to perform his/her job.

I agree that any action or lawsuit against the Companies and/or their employees 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 one hundred eighty (180) days of the event giving rise to the claim or within the limitations period contained in the statute I am suing under, whichever is shorter. I understand and agree that any action or lawsuit filed outside this limitations period is barred forever. I waive any limitation period to the contrary.

Applicants Signature: _____ **Date:** _____

Employer Portion (This section to be completed by your employer)

Company Name

Job Title

Dept #

Dept. Name

Pay Information:

Primary Pay Type

What is employee's first check date? _____

Primary Pay
Rate of salary

- Per hour
- Annual Salary
- Commission
- Other

Hire date of employee? _____

Authorizing Signature: _____