

EightCAP, Inc 5827 Orleans Road Orleans MI 48865 (616)754-9315 - (616) 754-9310 fax (800) 649-3777 (TDD)

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, height, weight, national origin, marital status, physical or mental handicap, or any other legally protected status.

APPLICATION MUST BE FILLED OUT COMPLETELY (PLEASE PRINT CLEARLY)

Name:				
(Last) (First)	(Middle)			
Present Address:(Street) (C	ity) (State) (Zip Code)			
Home Telephone Number ()Are you under 18 years of age?	-			
Yes No				
Have you ever filed an application with or previously been employed with the company?	If related to anyone in our employ, please provide the following:			
Yes No If so, when and where?	Name: Relationship: Are you a citizen of the U.S.?			
How did you learn about this job?	Yes No If no, do you have a permit which allows you to work in th U.S.?			
	Yes No (Proof of U.S. Citizenship or Immigration status will be required if hired.)			
Position Desired: Full Time Part Time	The job for which you are applying may require work of Saturdays, Sundays, and holidays. While reasonab accommodation can be made for you, are you willing work such a schedule?			
Salary Desired: Date you can start work:	Yes No If-no,briefly explain:			
What business machines can you operate?				
Do you have a valid operator's permit?	State:			
Yes No Has your operator's permit ever been suspended, revoked, or restricted? Yes Yes No	Driver's License Number:			
Have you ever been convicted of a crime?Yes No Yes No If yes, please describe when, where, and what is the nature of the offense:	If there are any felony charges pending against you, please explain when and the nature of the charge:			

Were you in the armed forces:		Describe any job-related military training:			
If yes, which branch?	No				
RE	CORD OF	EDUCATION			
High School or Prep School (Name and Location)	Major S	ubject	No. of Years	Degree	
University or College	Major Subject		No. of Years	Degree	
Graduate School	Major Subject		No. of Years	Degree	
Other – Including Military Service, Trade, Business Schools, or National Caree		Major Subject Certificate	No. of Years	Degree	
Are you attending school now? Yes	No		; or have you completed an ng that would qualify you f		
School:			Yes N	 D	
Subjects:		If yes, please desc	eribe:		
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Experience – Business or Professional Record of Last Five Positions (List Places in Order starting with Present Employer First)

Name & Address of Employer	Position or Title			Reason for Separation		
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REFERENCES

List the name and telephone number of a least three (3) personal/business references who are not related to you.

Name	Telephone Number	Years Known

NARRATIVE

Please write a brief summary of the reasons why you have sought employment with us:

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	Market Market 1997 - 1997 - 1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997		
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SPECIAL EMPLOYMENT NOTICE

If an offer of employment is made for a certain classification, a medical examination may be required before beginning employment duties.

Michigan law prohibits discrimination in employment based on handicap. However, an applicant or employee requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

ACKNOWLEDGMENT AND CERTIFICATION

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I authorize the company to (1) investigate the truthfulness of all statements made on this application, (2) contact my former employers and other listed references or any other persons who can verify information, and (3) discuss results of any investigation with other employees of the company involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application; and I release each such person from liability for providing information to the company.

I further acknowledge and understand that employment may be contingent upon the results of a motor vehicle record check; therefore, I authorize the company to obtain said report.

All applicants who are conditionally considered for employment may, as a final step in the employment process, be required to submit to a physical examination and a drug screen test. If the applicant refuses to consent to the physical examination or the drug screen, the applicant will be denied employment. If the applicant tests positive, the applicant will be denied employment.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with company policy. I agree to conform to the rules and regulations of the company and understand 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 further understand that no personnel recruiter or interviewer or any other representative of the company has any authority to enter into a contract of employment except for the company President and such agreement shall be signed by both the company President and the employee.