



**commercial  
interiors**

# Application For Employment

All qualified applicants will receive consideration without discrimination based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, handicap, or any other protected category.

Position \_\_\_\_\_ Salary \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

List every state you lived in or worked in over the past seven years:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company or any other employer under a different name than above? \_\_\_\_\_

Have you been given a job description or had the requirements of the job explained to you? Yes  No

Do you understand these requirements? Yes  No

Are you able to work the schedule for this position? Yes  No

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

Yes  No

Have you ever applied to this company before? Yes  No

If so, when? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes  No

Are you at least 18 years of age or older? Yes  No

Have you ever pleaded guilty or "no contest" to a crime or been convicted of a crime? Yes  No

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

Are there any felony charges pending against you? Yes  No

Explain \_\_\_\_\_



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Note: A conviction record will not necessarily bar employment. Factors such as age, seriousness and nature of violation and rehabilitation will be considered. Nor will a dishonorable discharge from the military necessarily bar employment.

U.S. Military or Naval Service: \_\_\_\_\_

Rank Upon Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

## EDUCATION

**School**

**Course of Study**

**Degree**

School	Course of Study	Degree

Special Courses/Seminars:

\_\_\_\_\_

Certifications/licenses:

\_\_\_\_\_

Have you ever been discharged, fired, or involuntarily terminated from a job? If so, give the date, employer, contact person at the employer, and the reason for your discharge, firing or involuntary termination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**WORK EXPERIENCE**

Name of most recent or current employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Salary \_\_\_\_\_

State each and every reason for leaving and/or termination of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we call your present employer for a reference and confirmation of the above information?

Yes  No  If not, why?

\_\_\_\_\_

Name of next most recent employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Salary \_\_\_\_\_

State each and every reason for leaving and/or termination of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Name of next most recent employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Salary \_\_\_\_\_

State each and every reason for leaving and/or termination of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

List persons who know you well other than relatives and previous employers:

Name	Occupation	Address	Telephone Number	No. of Years Known

**Applicant Certification: PLEASE READ BEFORE SIGNING.** I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial for employment or used for disciplinary action, including dismissal, after employment.

I hereby authorize representatives of NBS to contact (unless otherwise noted), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits in connection with this application for employment. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me.

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

Date: \_\_\_\_\_



**I M P O R T A N T**

**PLEASE READ BEFORE SIGNING**

I have read and understand the following:

- 1) I understand that this employment and that the use of this application form does not indicate that there are any positions open and does not, in any way, obligate National Business Supply, Inc. hereinafter (the "Company").  
\_\_\_\_\_ **(INITIAL)**
  
- 2) I certify that the answers given on this application are true and complete to the best of my knowledge and understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.  
  
I authorize the investigation of all statements contained in this application for employment and my request for employment as may be necessary for the Company to arrive at an employment decision.  
  
So that the Company may be fully informed as to my qualifications for employment, I authorize my present and/or former employers and other persons who may have information regarding my qualifications to furnish the Company with such information. Inasmuch as this information is furnished at my express request and for my benefit, I agree to release and hold harmless any persons, former employers or other entities from any liability because of their furnishing such information.  
  
I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Plawecki Employee Right-To-Know Act. \_\_\_\_\_ **(INITIAL)**
  
- 3) I understand that the Company may require me to undergo a physical examination and/or drug test. I agree to take such an examination and/or test and understand that my employment may be conditioned on the result of such an examination and/or test. \_\_\_\_\_ **(INITIAL)**
  
- 4) In accordance with Michigan law, any applicant for employment or employee needing accommodation because of a handicap or disability to perform the essential functions of his or her job must notify the Company in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have known that an accommodation was needed. \_\_\_\_\_ **(INITIAL)**
  
- 5) I agree that my complete record as an employee including information as to my ability and performance and the cause of my leaving the Company may be given to any prospective employer with whom I may hereafter seek employment and I hereby release the Company, its shareholders, directors, employees, officers, attorneys, assigns agents and successors from any and all liability for damages of any nature by reason of the furnishing of such information. \_\_\_\_\_ **(INITIAL)**



- 6) I understand that if hired, any employment is at will. This means 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 only the President of the Company has the authority to amend this “employment at will” relationship and that such amendment must be in writing and signed the President of the Company. No other person may alter or amend this relationship.

I agree that no agent of the Company has made any promises concerning the terms and conditions of my employment with the Company. \_\_\_\_\_ (INITIAL)

- 7) I understand that I am required to abide by all of the rules and regulations of the Company. \_\_\_\_\_(INITIAL)

- 8) This application for employment shall be considered for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I have read and I agree to the terms of each and all of the above statements.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date