

# Application For Employment

Application Date

Note: Application expires 30 days after date submitted if Applicant not hired



To the Applicant: We appreciate your interest in Visioneering and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications, and to determine is such position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of Visioneering and you will be expected to assist in all such duties requested.

Visioneering is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, height, weight, national origin, age, marital or veteran status, arrest record, or the presence of a medical condition or handicap.

## Personal

Contact Number \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a U.S. citizen? Yes  No  Are you authorized to work in the United States? Yes  No

Have you previously been employed at Visioneering? Yes  No  Dates \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

How were you referred to Visioneering? \_\_\_\_\_

Have you filed an application with Visioneering before? Yes  No  If yes, when filed? \_\_\_\_\_

List any friends, acquaintances, or relatives employed at Visioneering \_\_\_\_\_

What method of transportation will you use to come to work at Visioneering? \_\_\_\_\_

## Employment Desired

Positions applied for \_\_\_\_\_

Kind of work sought Full-time  Part-time  Temp.  Other

Specify number of hours and which days desired \_\_\_\_\_

List all special training, skills, qualifications, or other experiences that relate to the position(s) applied for \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, request accommodation and such accommodation does not impose an undue hardship on the employer.

## Education

	School Name/Location	# Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate School				
Vocational/Training				
Other				

Any other educational training/licenses/certifications/qualifications for the positions requested?

Experiences with office/business equipment/systems/computers/software (both PC and mainframe)?

## References

(Do not include relatives or former employers)

	Name	Address	Phone Number	Relationship	Yrs Known
1					
2					
3					

## Military Service Record (Optional)

Have you had any experience in the Armed Forces of the United States or in a State National Guard?  Yes  No  
If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_  
Are you in the reserves?  Yes  No If yes, date obligation ends \_\_\_\_\_  
Special/technical training \_\_\_\_\_

## Additional Information

Have you been convicted of a felony or are there any felony charges pending against you?  Yes  No  
If so, where, when, and nature of the offense \_\_\_\_\_

Do you have a valid driver's license?  Yes  No License number \_\_\_\_\_ State \_\_\_\_\_  
List professional, trade, business or civic activities and offices held, excluding those groups whose name may indicate race, color, religion, sex, national origin, handicap, marital or veterans status: \_\_\_\_\_

*Handicapped employees and applicants may request an accommodation of their handicap by notifying Visioneering in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify Visioneering will preclude any claim that Visioneering failed to accommodate the handicapper.*

## Complete Employment History (List current or most recent job first; add additional pages if necessary)

Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor _____			
Reason for leaving _____			
Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor _____			
Reason for leaving _____			
Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor _____			
Reason for leaving _____			
Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor _____			
Reason for leaving _____			

Any additional information that you feel may be helpful to us in considering your application?

**Important**

Please list the name, address, and telephone number of the person(s) to be notified in the event of accident or emergency:

Name	Address	Day/Evening Phone	Relationship (optional)

**To validate this application, all applicants must read the following and acknowledge the same by signing below:**

### **Authorization and Understanding**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize Visioneering to verify any of the information concerning my employment, education, or credit history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as Visioneering requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize Visioneering 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 Visioneering and such other third parties from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false or incomplete information which causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by Visioneering is contingent upon the results of a physical examination and drug test satisfactory to Visioneering in its sole discretion and upon my acceptance of such offer of employment. I authorize and consent to such examination and drug test. I understand that the results of such examination and drug test shall be maintained on separate medical forms and in medical files and that such confidential information shall only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to the Human Resource department or Visioneering legal representatives as required in the ordinary course of business.

I agree that my employment, if hired by Visioneering, is "at-will" and either party can terminate the employment relationship, with or without cause at any time, and I further agree that this policy may only be altered in writing directed to me personally and signed by the President of Visioneering. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of Visioneering as they are from time to time implemented, modified, or changed, and no additional obligations can be imposed on Visioneering except those which have been acknowledged in writing by the President of Visioneering. I agree that any action or suit against Visioneering arising out or related to my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be arbitrated pursuant to Visioneering's Arbitration Procedure then in effect through the procedures of the American Arbitration Association, and must be brought, if at all, within the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary. I further agree that the determination of a mutually agreed upon impartial arbitrator shall be binding and final upon all parties. I further agree that the costs of arbitration shall be borne equally among the parties and the arbitrator shall not have the power to change, modify, or otherwise alter the terms of any written agreements or written policies of Visioneering, and the arbitrator's written determination shall be based solely upon the terms of such agreements or policies. I acknowledge that this Arbitration Policy and 180 day limitation on actions form an Agreement between myself and Visioneering.