



EMPLOYMENT APPLICATION

To The Applicant: We appreciate your interest in Healthmark Industries Co., Inc. 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 judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, genetic information, height, weight or disability.

NOTICE: Michigan and federal law require employers to make accommodations to applicants and employees with disabilities where the accommodation does not impose undue hardship on the employer. Employees and applicants with disabilities may request an accommodation of their disability by notifying Healthmark Industries Co, Inc. in writing of the need for accommodation within 182 days of the date the employee or applicant knows or should know that an accommodation is needed. Failure to properly notify Healthmark Industries Co, Inc. will preclude any claim that the Healthmark Industries failed to accommodate the employee or applicant with a disability.

PERSONAL

How did you learn about us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Name: _____ Date: _____
First Name/Middle Initial/Last Name

Address: _____
Street Address City State Zip Code

Email Address: _____ Telephone: _____

- Are you 18 years or older? YES NO
 Are you authorized to work in the United States? YES NO
 Have you filed an application with us before? YES NO
 Have you been previously employed here? YES NO

If YES, Supervisor's Name(s): _____

Do you have any friends or relatives working here? YES NO

If YES, please list: _____

What method of transportation will you use to come to work? _____

Best time to contact you at home: _____ a.m. / p.m.

EMPLOYMENT DESIRED

Position(s) applied for: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary Desired: _____ Date available to start work: _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evening)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No
 Can you travel if a job requires it? Yes No

EMPLOYMENT EXPERIENCE
 (List current or most recent job first) *This must be filled out*

Are you currently employed? Yes No
 May we contact your present employer? Yes No

1. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
2. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
3. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

4. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Have you been fired, discharged or involuntarily terminated from a job? YES NO

If so, where, when and reason for termination: _____

EDUCATION

	Years	Diploma	Courses
Elementary			
High School			
College			
Graduate			
Vocational/Other			

Any other educational training: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills (Check Skills/Equipment Operated):

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	Other (list) _____ _____ _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Machinery (list)	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	
WPM _____	WPM _____	_____	

REFERENCES

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or In a State of National Guard? YES NO

If yes, what branch? _____ Rank at discharge: _____ Date of discharge: _____

Special/technical training in military: _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? YES NO

If so, where, when and nature of offense: _____

Do you have a valid driver's license? YES NO License No.: _____ State: _____

List professional, trade, business or civic activities and offices held, but please do not include any groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or Veterans status or disability.

State any additional Information that you feel may be helpful to us in considering your application:

Name, address, and telephone number of the person to be notified in the event of accident or emergency:

AUTHORIZATION AND UNDERSTANDING

By my signing of this application, I represent that all of the information now or hereafter given by me in support of this application is true and complete. I authorize Healthmark Industries Co., Inc. to verify any of the information concerning my employment, education, or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release Healthmark Industries Co., Inc. and them from any

liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information of any type whatsoever in support of my application may subject me to discharge at any time during the period of my employment.

I authorize Healthmark Industries Co., Inc. to order my background report, including but not limited to investigative consumer reports, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I understand that Healthmark Industries Co. requires me to take a written skills test and a computer skills test to evaluate my abilities. These tests will help with employment decisions.

I understand that Healthmark Industries Co. requires a Pre-Hire Physical and Drug Screen prior to being employed. This will be at the expense of the company, not the applicant. Employment will be dependent on the results of these tests.

I agree and understand that either Healthmark Industries Co., Inc. or I may terminate the employment relationship, with or without cause at any time and without notice, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President of Healthmark Industries Co., Inc. and me. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of Healthmark Industries Co., Inc. as they are from time to time changed and no additional obligations can be imposed on Healthmark Industries Co., Inc. except those which have been acknowledged in writing by the President. I hereby authorize Healthmark Industries Co., Inc. to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to Healthmark Industries Co., Inc. during the course of my employment.

I agree that any claim or lawsuit arising out of my employment, application for employment, or termination of my employment with Healthmark Industries Co., Inc., or any of its subsidiaries, including but not limited to claim or lawsuit arising under state or federal civil rights statutes, must be brought within six (6) months of the date of the employment action that is the subject of the claim or lawsuit, and if not brought within this time period, the claims are forever barred. While I understand that the statute of limitations or limitations periods for employment actions may be longer than six (6) months, I agree to be bound by the six (6) month limitation period set forth herein.

This application will expire 6 months from the date below

Applicant's Signature: _____ Date: _____

FOR INTERVIEWER'S USE

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

HIRED: Yes Starting Date: _____ Department: _____ Job Title: _____

No Comments: _____

APPROVED:

_____ Name: _____ Title: _____ Date: _____

_____ Name: _____ Title: _____ Date: _____

_____ Name: _____ Title: _____ Date: _____