

Please Print

Please complete the entire form

## Employment Application

Deliver or Send to:

Burchett Quality Tool Ltd. 5271 Wynn Rd. Kalamazoo, MI 49048

Equal access to programs, services and employment is to available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) applied for			Date of applic	cation//
Name:				
Last	First		M	iddle
Address:				
Street	City		State	Zip Code
Telephone #: ( Mobi	le/Other Phone #: ()		_Social Security 7	#:
If you are under 18, and it is required, car	n you furnish a work pern	nit?		Yes No
If no, please explain:				
Have you even been employed here before	re?			Yes No
Are you legally eligible for employment	in this country?			Yes No
Date available to work				
Type of employment desired: Full-t	ime Part-time	Temporary	Seasonal	Educational Co-op
Are you able to meet the attendance requ	irements for this position	?		Yes No
Have you been convicted of a crime in th	e last seven (7) years?			Yes No
If yes, please explain:Conviction will not necessarily be a bar to employment.	ent, each instance and explanatio	n will be considered	in relation to the posi	tion for which you are applying
Driver's license number if driving is an essential job function:State:				
Skills and Qualifications Summarize any training, skills, licenses, a functions in the position for which you ar				
Education Background If job related		Did Conduct		Comment Study
Name and Location High school	Years Completed	Did you Graduat	te? If yes, what year?	Course of Study
College		Major	Degree	
Other			1	



**Employment History**Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From To	Employer	Telephone		
Job Title	Address			
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities			
Reason for Leaving	Hourly Rate/ Salary	. 16 D		
	Start \$: Per: F	inai \$:Per:		
From To	Employer	Telephone		
Job Title	Address			
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities			
Reason for Leaving	Hourly Rate/ Salary			
reason for Leaving	Start \$:Per:Fi	inal \$. Dar.		
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From To	Employer	Telephone		
Job Title	Address			
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Jo	ob Responsibilities		
Reason for Leaving	Handy Pata/ Calary			
Reason for Leaving	Hourly Rate/ Salary	Cont. Co. Down		
	Start \$: Per: F	inai 5: Per:		
From To	Employer	Telephone		
Job Title	Address			
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities			
	W. 1 D. (G.)			
Reason for Leaving	Hourly Rate/ Salary			
	Start \$: Per:	Final \$:Per:		



Name	Teleph	none	Years Known
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	()		
	( )		
I understand that if I am employed, any misrepresentation of this application or in discovered.  I give the employer the right to contact or obtain information therewise verify the accuracy of the information contain	nmediate discharge fination from all referen	rom the employers	s service whenever ducation institutions and to
and its representatives for seeking, gathering and using organizations for furnishing such information.			
The employer does not unlawfully discriminate in empof limiting or excusing any applicant from consideration Law.			
This application is currently for only 60 days at the conwish to be considered for employment, it will be necess			from the employer and still
If I am hired, I understand that I am free to resign at any employer reserves the same right to terminate my employexcept as may be required by law. This application does specified period or definite duration, I understand that re has the authority to make any assurances to the contrary and signed by an authorized officer.	oyment at anytime, we s not constitute an agr no representative of the	vith or without cau reement or contract ne employer, other	se and without prior notice, et for employment for any than an authorized officer,
I understand it is this company's policy not to refuse his need for reasonable accommodation as required by the		lual with a disabili	ty because of that persons
I also understand that if I am hired, I will be required to	provide proof of ide	ntity and legal wo	rk authorization.

Signature of Applicant:\_\_\_\_\_\_\_ Date: \_\_\_\_\_/



## Burchett Quality Tool Ltd.

## **Authorization for Release of Employment Information**

I have made application for employment with Burchett Quality Tool Ltd and desire that they be fully informed as to my previous employment and/or academic records. I hereby authorize any former employer and school consulting official to release to Burchett Quality Tool Ltd any information contained in my employment and/or school records upon request. I specifically waive prior or subsequent written notice of disclosure of records information including disciplinary reports, letters of reprimand or other disciplinary action. I also release my former employers and schools from all claimed liability arising out of such response and disclosure.

Print Name	Social Security Number
Applicant Signature	Date
May we Contact your Present/Past Employer	for a References?
Yes No	