



58610 Van Dyke  
Washington, MI 48094

### APPLICATION FOR AT-WILL EMPLOYMENT

#### Applicant Information

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Cell Phone: ( ) - Home Phone ( ) - Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are there any days or hours when you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you 18 years or older? YES NO

Have you ever applied to or worked for this company before? YES NO  
  If so, when? \_\_\_\_\_

Are you a citizen of the United States? YES NO  
  If no, are you authorized to work in the U.S.? YES NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

Number of Driver's License Violation Points: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain:

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

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer for a reference? YES NO

## Personal References

Please list three professional references: (individuals not related to you that you have known at least one year):

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Certificate/Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Certificate/Degree: \_\_\_\_\_

**Previous Addresses**

Please list all previous addresses lived at in the **past 10 years**.

Street Address (Apt #): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

Street Address (Apt #): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

Street Address (Apt #): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

Street Address (Apt #): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How Long at this Address? \_\_\_\_\_

**Company information**

*This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.*

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I understand that nothing contained in this application is intended to nor does it create a contract of employment for any specific duration. I understand and agree that my potential employment can be terminated with or without cause and with or without notice at any time at the option of either me or the company. I understand that no employee of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.*

*My signature here also authorizes Prolime to contact all present and former employers for a reference except where I have checked the "no" box.*

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

**CDL Class A**

***If you have ever driven a truck or are applying for a position in which you will be driving a truck, please complete this section. Otherwise skip to the next section.***

**DRIVER LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

Please indicate any special courses or training that will help you as a driver: \_\_\_\_\_

Please indicate any safe driving awards that you hold and from whom: \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.)	FATALITIES	INJURIES
MOST RECENT ACCIDENT				
NEXT PREVIOUS ACCIDENT				
NEXT PREVIOUS ACCIDENT				
NEXT PREVIOUS ACCIDENT				

(ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED)

**AUTHORIZATION FOR MVR REVIEW**

As a candidate or driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that if employed, my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that if employed, a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge receipt of the above disclosure and authorize Prolime et. al. to obtain a Motor Vehicle Report. This authorization is valid as long as I am an employee or an employee candidate and may only be rescinded in writing.

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

**Experience and Qualifications – Heavy Equipment Operator**

***If you have experience with operating heavy equipment or are applying for a position that will involve heavy equipment operation, please fill this section out. Otherwise skip to the next section.***

List types of heavy equipment operated and years of experience with each \_\_\_\_\_

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List heavy equipment you can operate (lift truck, etc.) \_\_\_\_\_

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Please indicate courses or training on operating heavy equipment \_\_\_\_\_

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**Experience and Qualifications – Repairs and/or Maintenance**

***If you have experience in repairs and/or maintenance or are applying for a position that will involve repairs and/or maintenance work, please fill in this section.***

Please list the types of repair and maintenance experience and years of each:

*Make a check mark if you can operate or maintain the following equipment and list years of experience with each:*

EQUIPMENT	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Wheel & Tire Balancing Machine		
Differential Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other: (explain below)		

Explain all OTHER Equipment:

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**Prolime Corp et al.**  
**DRUG TESTING AUTHORIZATION & CONSENT FORM**

Department of Transportation Regulations mandate pre-hire drug screening for employees. These regulations can be found on the Department of Transportation website [www.transportation.gov](http://www.transportation.gov).

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Prolime Corp et al. for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Prolime Corp et al.

I acknowledge that the drug test results will be utilized by Prolime Corp et al. to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release Prolime Corp et al., the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Prolime Corp et al., for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Applicant Cell Phone Number (may be necessary for sending documents): \_\_\_\_\_

Applicant Email address (may be necessary for delivering message): \_\_\_\_\_

Zip Code You Would Like Collection Site Near: \_\_\_\_\_





