



APPLICATION FOR EMPLOYMENT

Truvista 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 the essential duties of the job must notify the employer in writing within 182 calendar days of the date the need is known or should have been known.

Name: _____ Date of Application: _____

Position Applied For: _____ Date You Can Start: _____

*Please note this application will remain active for only 3 months, after which the applicant would need to re-apply.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (____) _____ Cell (____) _____ Work (____) _____

Email: _____ Are you 18 Years or Older? ____ Yes ____ No

Are you legally authorized to work in the United States? _____

Salary Desired: _____ Type of Employment: ____ Full Time ____ Contingent

Are you employed now? _____ May we contact your current employer? _____

Name, Title, and Phone # of current employer: _____

Have you ever applied to this company before? _____ When: _____

Under what name? _____

DESIRED SCHEDULE (Please note days/times unavailable to work as well)

Table with 8 columns (SUNDAY-SATURDAY) and 3 rows (AM, PM)

EDUCATION

Table with 5 columns (Name & Location, No. of Yrs. Attended, Did You Graduate?, Degree/Major) and 4 rows (High School, College, Technical/Certification Training)



Do you have Military experience? _____ Date Entered: _____ Date Discharged: _____

Branch: _____ Rank: _____ Discharged Honorably? _____

CURRENT & FORMER EMPLOYERS: (Most Recent First)

Date: Month/Year		Employer Name, Address, and Telephone	Last Position Held/ Responsibilities	Starting/ Ending Salary	Reason for Leaving
From	To				
From	To				
From	To				
From	To				
From	To				

May we contact the employers listed? _____

If not, which one(s)? _____

Please provide any additional information such as special skills, training, management experience, equipment operation, qualifications, certifications or trainings completed, you feel will be helpful to us in considering your application. _____

REFERENCES: (Three individuals not related to you, whom you have known for at least one year)

Name	Address & Telephone	Relationship	Years Acquainted

Have you ever been convicted of a crime, excluding minor traffic violations? _____ Yes _____ No

If Yes, please provide details (citation, date, and place where offense occurred). _____



Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event I have a disability that will affect my capacity to take the test, I will inform Truvista prior so reasonable accommodations can be made. Truvista reserves the right to require medical documentation regarding the need for accommodation.

I certify the facts contained in this application are true, accurate, and complete to the best of my knowledge. I understand, if employed, falsified statements or omitted facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree, if hired, my employment is for no definite period and may, regardless of the state of payment of my wages and salary, be terminated with or without cause, at any time, with our without notice. This provision supersedes any oral or written representation to the contrary, unless in writing and signed by both the Executive Director of Truvista and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers, except those specifically excluded*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Truvista and waive any right I might have to be provided with notice they are releasing this information.

I agree any action or suit against Truvista arising out of my employment or termination of employment, including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Signature

Date

*Employers specifically excluded: _____

FOR EMPLOYER USE ONLY		
Interviewed By:	Date:	Hired: _____ Yes _____ No
Position:	Start Date:	Wage:
Comments:		