

Madison Electric Company

Application for Employment

Madison Electric Company is an equal opportunity employer and will not discriminate against any applicant on the basis of race, color, religion, sex, weight, age, national origin, sexual orientation, marital status, handicap or veteran status. 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 days of the date that the need is known or should have been known.

Madison Electric Company is an "at will" employer. There is no specified length of employment. Accordingly, either an employee or Madison Electric Company can terminate the relationship at will, with or without cause, at any time.

(PLEASE PRINT)

Position(s) Applied For			Date of Application	
How Did You Learn About Us?				
Advertisement	Friend	Walk-In		
Employment Agency	Relative	Other _____		

Last Name		First Name		Middle	
Address Number	Street	City	State	Zip Code	
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift-work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you been convicted of a crime (except minor traffic violations)?

Yes

No

Conviction will not necessarily disqualify an applicant from employment

If so, please state citation, date and place where offense occurred. _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

Describe any job-related training received in the United States military.

Employment Experience (start at the present and work backwards) You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
May we contact the employers listed? ____ Yes ____ No				
If not, which one(s)?				

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

CRT	MS-Word	Production/Mobile	
PC	MS-Excel	Machinery (list)	Other (list)
Calculator	Typewriter	_____	_____
MS Powerpoint		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied. A description of the activities involved in such a job or occupation is attached.

Yes

No

References

	<u>Name</u>	<u>Phone #</u>
1.	_____	(____) _____
2.	_____	(____) _____
3.	_____	(____) _____

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

I certify that the facts contained in this application are true and complete to the best of my knowledge. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the company's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment, regardless of the date the false or misleading statement is discovered.

I agree to submit to a physical examination if I am offered employment. Any physical problems disclosed will be handled in accordance with the Americans with Disabilities Act and/or the applicable Handicappers Act.

I agree to submit to a drug screening test as a pre-condition to employment with Madison Electric Company and understand that I will not be hired if I test positively for a controlled substance, unless that substance is present due to a legitimate and verifiable prescription. I understand that the use of any drug or alcohol during working hours or an appearance at work under the influence of drugs or alcohol may, at the sole discretion of the Company, result in immediate termination.

I agree and understand that if I am employed and I need an accommodation due to a handicap, I will advise the Company President in writing within 182 days after the need is known.

This application shall remain active for forty-five (45) days from the date it is submitted. Any applicant who wants to be considered for employment beyond that forty-five (45) days should inquire as to whether applications are being accepted at that time.

I agree and understand that if any portion of this employment application is determined to be unenforceable, the remaining part or parts of the employment application shall remain in full force and effect.

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 excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from liability for any information they may give you.

*Employers specifically excepted: _____

I understand and agree that if I am hired by Madison Electric Company, I will be an at-will employee which means that either I or Madison Electric Company can terminate the employment relationship at will, with or without cause, at any time. Only the president of Madison Electric Company can change the at-will status of my employment and any such changes must be made in writing and signed by the president of Madison Electric Company.

Date

Signature

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: ___ Yes ___ No

Starting Date: _____ Position: _____ Wage: _____