



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discriminatfon based upon non-job-related information.

Last Name	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	Email		
<input type="text"/>	<input type="text"/>		
Present Street Address	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you 18 yrs of age or older ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If hired, can you furnish proof that you are elligible to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
When would you be available to start work?			
<input type="text"/>			

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/Degree Certificate	Subjects Studied
High School or GED	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or University	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocational or Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note:
A job offer is contingent upon acceptable references from current and former employers.

Name of Employer			Job Title and Duties	
<input type="text"/>			<input type="text"/>	
Employer Address			Dates of Employment (Month / Year)	
<input type="text"/>			<input type="text"/>	
City	State	Zipcode	Starting Pay \$	Ending Pay \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor(s)	Telephone	Reason for leaving		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>		

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I must successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand and by my signature consent to these statements.

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

SAVE FORM

Make sure to save your form and then email back to our
HR Representative: renee@prosenvironmental.com



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