D. J. CONLEY
COMMERCIAL & INDUSTRIAL BOILER SALES, SERVICE, PARTS
26225 Sherwood Avenue, Warren, Michigan 48091 | 248.589.8220

www.djconley.com

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

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.

PERSONAL

Name _____ Date of Application _____
(First) (Last) (Middle Initial)

Address _____
(Street) (City, State & Zip Code)

Contact Information _____ _____ _____
(Home Phone) (Cell Phone) (Email Address)

Are you 18 years or older? YES ☐ NO ☐ Are you a U. S. Citizen? YES ☐ NO ☐

Are you authorized to work in the United States? YES ☐ NO ☐

Have you been previously employed here? YES ☐ NO ☐ If yes, date(s) _____

Have you filed an application with this company before? YES ☐ NO ☐ If yes, when _____

List any friends or relatives working here

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for accommodation with 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the company may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT DESIRED

Position(s) applied for _____

Type of Employment: FULL TIME ☐ PART TIME ☐ OTHER ☐ _____

Salary Desired _____ Date available to start work _____

Describe method of transportation to come to work _____

Describe any special training, skills, qualifications or other experiences that relate to the position(s) applied for.

_____

MILITARY SERVICE RECORD

Have you had any experience in a branch of the Armed Forces of the United States or in a State National Guard?

YES ☐ NO ☐ Which branch? _____ Rank and Date at discharge _____

Are you in the reserves? YES ☐ NO ☐ If yes, date obligation ends _____

Special / Technical Training _____

REFERENCES (*Do not include relatives or former employers*)

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

EMPLOYMENT EXPERIENCE *(List current or most recent job first)*

1.	Employer		Phone	
	Address	City	State	Zip
	Job Title		Supervisor Name	
	Approx. Start Date	End Date	Hourly Rate /Salary Start	End
	Work Performed			
	Reason for Leaving			
2.	Employer		Phone	
	Address	City	State	Zip
	Job Title		Supervisor Name	
	Approx. Start Date	End Date	Hourly Rate /Salary Start	End
	Work Performed			
	Reason for Leaving			
3.	Employer		Phone	
	Address	City	State	Zip
	Job Title		Supervisor Name	
	Approx. Start Date	End Date	Hourly Rate /Salary Start	End
	Work Performed			
	Reason for Leaving			

List other positions held on a separate sheet

EDUCATION	SCHOOL NAME AND CITY	YEARS COMPLETED	DIPLOMA / DEGREE	COURSE OF STUDY
HIGH SCHOOL			YES ☐ NO ☐	
COLLEGE			YES ☐ NO ☐	
GRADUATE SCHOOL			YES ☐ NO ☐	
VOCATIONAL TRAINING			YES ☐ NO ☐	
List Continuous Learning or Other Educational Training Here				

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? YES ☐ NO ☐ If yes, where, when and nature of offense

_____

Do you have a valid driver's license? YES ☐ NO ☐ License No. _____ State_____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age

_____

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

EMERGENCY CONTACT:

Name, address and telephone number of the person to be notified in the event of accident or emergency

_____

May we contact your current employer for a recommendation?	☐ **YES**	☐ **NO**

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, the firm during the course of my employment.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

_____ _____

(Date) (Signature)