

Position Applied For: _____ Date of Application: _____

(PLEASE NOTE: This application will remain active only for 3 months. You would then need to reapply.)

GARR TOOL is an equal opportunity employer and will not discriminate against anyone based on any characteristic protected by applicable state or federal law. Michigan law requires that a person with a disability who requires accommodation to apply or perform essential duties of the job must notify GARR TOOL in writing within 182 calendar days of the date that the need is known or should have been known. Federal law has no such requirement.

Name: _____
Last First Middle

Date You Can Start: _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Previous Address: _____
(If at prior address less than 5 years.) Street City State Zip

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

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Wages Expected: _____ Type of Employment: Full-time Part-time

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

Have you ever applied to this Company before? _____ For what position? _____

Under what name? _____ When? _____

Have you ever been convicted of a crime except a minor traffic violation? No Yes
(The response to this question will be considered in the context of its job-relatedness only.)

If so, state citation, date, and place where offense occurred and any circumstances/rehabilitation efforts you would like to explain: _____

Citation Date Where Crime Occurred Circumstances

Rehabilitation Efforts: _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE?	DEGREE OR LIC./ CERT. ATTAINED	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

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

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications 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 AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: _____
 Name Relationship to You

Street City/State Telephone #

CURRENT AND MOST RECENT FORMER EMPLOYERS: *(Most Recent One First)*

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE # OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the Employers Listed? Yes No

If not, which one(s)? _____

