

Position Applied For: _				Date o	f Application:			
(PLEASE NOTE: This ap	ASE NOTE: This application will remain active only for 3 months.			nths. You wou	ns. You would then need to reapply.)			
GARR TOOL is an each aracteristic prote a disability who red GARR TOOL in writi been known. Fede	ected by appl quires accomr ing within 182	icable state o modation to o calendar da	or federal i apply or p lys of the (	law. Michig erform ess	ian law requires i ential duties of ti	that a person with he job must notify		
Name:								
Last		First			Mide	dle		
Date You Can Start: _								
Present Address:								
	Street	City			State	Zip		
Permanent Address:	Street	City			State	Zip		
Previous Address:								
(If at prior address less tha	ın 5 years.) Stre	eet	City		State	Zip		
Telephone #: Home	()		\	Work (	)			
Are you 18 years or o	lder?	Yes 🔲	No					
Are there any hours o	or days of the w	eek you canno	ot work?	If sc	o, when?			
Wages Expected:			Type of Em	ployment:	☐ Full-time	☐ Part-time		
Are you employed no	ow?		May we c	ontact your	present employer	?		
Have you ever applie	ed to this Comp	any before?_		For what	position?			
Under what n	ame?			_ When?				
Have you ever been (The response to this		•				☐ Yes		
If so, state citation, do would like to explain:		where offense	occured c	ınd any circ	umstances/rehabi	litation efforts you		
	Citation	Date		Where Crim	e Occurred	Circumstances		
Rehabilitation Efforts:								

			C	A .	TI		IN I	١.
С	u	u	•	4		u	IN	10

					DEGREE OR	
	NAN	AE AND ADDE	RESS OF SCHOOL	DID YOU GRADUATE?	LIC./ CERT. ATTAINED	SUBJECT/ MAJOR
Elementary School	14741	NE AND ADDI	ALSO OF BOTTOOL	OK/KBO/KE.	7 (I) (IIVES	William
High School						
College						
Specialized Training						
Do you have US N	Military expe	ience?		Date Entered:		
Branch:	R	ank:	Date Discharged:		_ Honorably? _	
Are you lawfully e	entitled to be	e employed i	n the United States?			
REFERENCES: Thr	ee individuc	ıls not related	I to you, whom you hav	e known for at le	east one year:	
NAME		ADDRE	SS AND TELEPHONE	RELATIONS	RELATIONSHIP ACQ	
Emergency Conto	act:			Relationship to	You	
	. 13.110					
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:					
То:					
From:					
То:					
From:					
То:					
From:					
То:					
From:					
То:					
May we contact the Employers Listed?					
If not, which one(s)?					

\* \* \* \* \*

## 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. If I have a disability that will affect my ability to take the test, I will inform the Company in writing before the test and explain what accommodation(s) I need. The Company will consider any reasonable accommodation necessary but reserves the right to require medical documentation regarding the need for accommodation.

I agree that, if I am hired, I will sign a Non-Compete/Non-Disclosure Agreement, which is a condition of my employment. If I fail to do so, I understand that it will result in the termination of the employment relationship.

I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this Application will result in termination of the hiring process or, if I have been hired, the employment relationship.

I understand and agree that, if hired, my employment status is at-will. Therefore, my employment is not for a definite period; and it may, regardless of the date of payment of my wages and salary, be terminated by either the Company or by me, with or without cause, at any time, with or without notice.

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

I understand and agree that any employment-related claim, complaint, action or suit, relating to my employment with GARR TOOL or the hiring process by GARR TOOL, must begin: (i) not more than one hundred eighty (180) calendar days after the event giving rise to the claim, complaint, action, or suit; or (ii) not later than the applicable limitations period established by statute, whichever is less.

If I had any questions abou	ut any of the statements above, I have asked for a	nd received clarification.
Printed Name	Signature	Date
*I do not want the Compar	ny to contact the following references and/or emp	bloyers:
FOR EMPLOYER USE ONLY		
Interviewed By:	Date:	Hired: Yes No
Starting Date:	Position:	Full Time Part Time
Starting Wage:	Employment Status: Regular	☐ Temporary