



GREAT LAKES ASSEMBLIES, LLC

Great Lakes Assemblies considers all applicants for all positions on the basis of qualifications and without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

All statements and questions are to be completed. Incomplete applications will not be accepted. Please Print

PERSONAL

Name		Today's Date
Street		
City	State	Zip Code
Business Phone ()	Home Phone ()	
Cell Phone ()	email	
Social Security #	Are You 18 Years Old or Older?	

EMPLOYMENT

Position Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Subcontractor	
Date Available for Work	Minimum Salary Accepted	
Skills You Possess:	Computer Skills:	Certifications:
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

MILITARY

Were you In U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch of Service	Dates of Service From:	To:
--	-------------------	------------------------	-----

EDUCATION

Schools	Name/Address of School	Dates Attended**	Type of Course or Major	Graduated
High School		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Bus., Night, or Correspondent		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE

List in chronological order starting with most recent employer.

1	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer	Job Title	
	Street	Date(s) of Employment	Supervisor's Name
	City, State, Zip	From	Starting Salary
	Employer's Telephone	To	Final Salary
	Duties		
	Reason for Leaving		

2	Employer	Job Title	
	Street	Date(s) of Employment	Supervisor's Name
	City, State, Zip	From	Starting Salary
	Employer's Telephone	To	Final Salary
	Duties		
	Reason for Leaving		

3	Employer	Job Title	
	Street	Date(s) of Employment	Supervisor's Name
	City, State, Zip	From	Starting Salary
	Employer's Telephone	To	Final Salary
	Duties		
	Reason for Leaving		

Record of Conviction

During the last 10 years, have you ever been convicted of a crime other than minor traffic offense? Yes
 No

If yes, explain:

A conviction will not necessarily automatically disqualify you for employment. Rather such factors as age and date of the conviction, seriousness and nature of the crime, and rehabilitation will be considered.

References

PROFESSIONAL		PERSONAL	
Name:		Name:	
Address:		Address:	
City, ST Zip		City, ST Zip	
Phone:		Phone:	
Relationship:		Relationship:	

ARE YOU RELATED TO ANYONE CURRENTLY WORKING AT GREAT LAKES ASSEMBLIES? IF YES WHO?

READ THIS STATEMENT CAREFULLY BEFORE SIGNING:

I understand that in the event I am employed by Great Lakes Assemblies, LLC, I am employed "at-will", which means the term of employment is not definite and my employment may be terminated at any time, with or without cause, or notice, by either myself or Great Lakes Assemblies, LLC. The aforementioned constitutes the entire agreement between Great Lakes Assemblies, LLC and myself on the subject of termination, lay off, and/or discharge and can only be changed by a written agreement signed and executed by the President of Great Lakes Assemblies, LLC.

I hereby authorize Great Lakes Assemblies, LLC to verify the information given and to investigate my background as deemed necessary. I authorize former employers, personal references, or any other agencies, institutions, or persons (collectively referred to as "person"), to provide to Great Lakes Assemblies, LLC any information they have regarding me, and to release to Great Lakes Assemblies, LLC all records of my employment, including assessment of my job performance, ability and fitness, without receiving written notice from me. I hereby waive my right to a written notice by my present and/or former employers whenever a disciplinary report, letter or reprimand or other disciplinary action regarding me is divulged to Great Lakes Assemblies, LLC by present or former employers.

I understand that an investigative consumer report may be ordered by Great Lakes Assemblies, LLC on my character, general reputation, personal characteristics and mode of living, and that Great Lakes Assemblies, LLC will, upon my written request, provide me with additional information as to the nature and scope of any such report. I understand that Great Lakes Assemblies, LLC reserve the right to require a drug-screening test at any time during my employment.

I agree to abide by all rules and regulations of the Company, I further agree that any picture(s) taken by the company, or supplied by me to the Company, may be used by the Company at any time, without remuneration to me, for public or employee relations, sales brochures or promotion, etc.

I understand that if I am handicapped and need accommodation, I must notify the Company in writing of the need for accommodation within 182 days after the date I knew or reasonably should have known of the need for accommodation. I further understand that failure to timely notify the Company of a need for accommodation may result in the loss of legal rights under Federal law.

I further understand that if employed, I agree, in partial consideration of my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof, more than six months after the termination of such employment, and agree to waive any statute of limitations to the contrary.

Signature

Date