



Application For At-Will Employment

Turning Point, Inc. 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. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Personal

Position Applied For: _____ Date of Application _____

Date You Can Start: _____

(Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.)

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No

If so, when? _____

Desired Salary: _____ Type of Employment _____ Full Time
Part Time

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

Did you ever apply to this company before? _____ Where? _____

When? _____

Under what name? _____

Employment History

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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General

May we contact the employers you have listed? Yes No

If not, which one(s)? _____

REFERENCES: Please provide professional references that we may contact. **At least two (2) must be previous employers/supervisors.** You may include an individual whom you have known for at least one year, who is not related to you.

Name	Address and Telephone	Relationship	Years Acquainted

Certification & Authorization

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. In the event that I have a disability that will affect my ability to take the test, I will so inform Turning Point, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Turning Point, Inc. reserves the right to require medical documentation regarding the need for accommodation.

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 on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated 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, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Date

Signature

* Employers specifically excepted: _____