

APPLICATION FOR EMPLOYMENT

at

Malloy Incorporated

5411 Jackson Rd., P.O. Box 1124, Ann Arbor, Michigan 48106

(Please Print Clearly)

This application is current for 30 days. If after 30 days you have not heard from Malloy Incorporated and still wish to be considered for employment, you will need to complete another application.

PERSONAL

Name _____ Date _____
Social Security No. _____
Last First Middle

Present address _____ Telephone No. () _____
No. Street City State Zip Code

Previous address, if less than 2 years at the above address _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ (If yes, verification will be required.)

Are you of the legal age to work? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___ If yes, give details _____

Are felony charges currently pending against you? Yes ___ No ___ If yes, give details _____

Position(s) applied for _____

Were you previously employed by Malloy? Yes ___ No ___ If yes, when? _____

Are you available to work any shift? Yes ___ No ___ Which shift do you prefer? _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Are there any experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?
(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary								
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECORD OF EMPLOYMENT

List below present and past employment, beginning with your most recent

I) Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone ()								

II) Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone ()								

III) Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone ()								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a specific employer you do not wish Malloy to contact, please indicate which one and the reason why: _____

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
I)		()
II)		()
III)		()

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, which Branch? _____

Rank attained? _____ Did you receive an honorable discharge? Yes _____ No _____ If no, please explain: _____

Please list any training in the U.S. Armed Forces that is relevant to the position applied for: _____

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION
AND AGREEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for rejection of this application and, if discovered after I am hired, immediate dismissal. I authorize the references listed here to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. In consideration of my employment, I agree to conform to the rules and regulations of Malloy Incorporated. I understand and agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either Malloy or myself. I understand that no manager or representative of Malloy Incorporated has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have been given a copy of Malloy Incorporated's Alcohol and Drug Free Work Place testing policy and agree to abide by it if hired. Furthermore, as a condition of employment, I understand that I will be required to successfully pass a drug test to be administered at Malloy's expense. The results of such test will be the property of Malloy and will be kept strictly confidential.

In consideration of my employment, I agree that, unless a shorter period of limitations applies, any claim, suit, action, administrative charge or other proceeding arising out of my employment or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought or asserted by me within 300 days of the event giving rise to the claim or be forever barred. I expressly waive any longer statute or other period of limitations to the contrary.

 Signature of Applicant

Thank you for completing this application form and for your interest in employment with Malloy Incorporated. Malloy does not discriminate on the basis of religion, race, color, national origin, age, sex, height, weight, marital status, or disability as defined by law.

**APPLICANT – Do not write on this page
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

FOR REFERENCE CHECK

Position Number	RESULTS OF REFERENCE CHECK (EMPLOYERS)	Position Number	RESULTS OF REFERENCE CHECK (PERSONAL)
I)		I)	
II)		II)	
III)		III)	