



To The Applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity, "at-will" employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital, or veteran status, or the presence of a non-job related condition or handicap. Spicer Group, Inc. will make "reasonable accommodations" to qualified individuals with disabilities. The Michigan Handicap Civil Rights Act (MHCRA) requires an employee to request a reasonable accommodation within 182 days after the handicapped employee knew that accommodation was needed.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Email address _____

Are you 18 years or older? Yes No

Are you legally eligible to work in the United States? Yes No

If you are not a U.S. Citizen, do you have the legal right to remain permanently in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full time Part time Other _____

If part time, please specify hours and days desired: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Salary desired _____ Date available to work _____

EMPLOYMENT EXPERIENCE (LIST CURRENT OR MOST RECENT JOB FIRST)

1.

Employer	Dates Worked		Work Performed
Address	From:	To:	
Job Title	Hourly Rate of Salary		
Supervisor	From:	To:	
	\$	\$	
Reason for Leaving			

2.

Employer	Dates Worked		Work Performed
Address	From:	To:	
Job Title	Hourly Rate of Salary		
Supervisor	From:	To:	
	\$	\$	
Reason for Leaving			

3.

Employer	Dates Worked		Work Performed
Address	From:	To:	
Job Title	Hourly Rate of Salary		
Supervisor	From:	To:	
	\$	\$	
Reason for Leaving			

EDUCATION

	Name/Location	Years	Diploma	Courses
HIGH SCHOOL				
COLLEGE				
GRADUATE				
VOCATIONAL/TRAINING				

Any other educational training: _____

SPECIAL SKILLS *(List Computer Programs / Other Special Equipment)*

REFERENCES *(Do not include relatives or former employers)*

	NAME	ADDRESS	PHONE	YEARS KNOWN
1.				
2.				
3.				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No

If so, where, when and nature of offense: _____

Do you have a valid driver's license? Yes No License No. _____ State of _____

List any professional, trade, business, or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital, or veterans status: _____

State any additional information that you feel may be helpful to us in considering your application: _____

Name, address and phone number of the person to be notified in the event of accident or emergency: _____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment and/or education with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the firm and I agree that I shall be bound by the rules, policies, regulations, and terms, and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the President/CEO of the firm. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all costs incurred by the firm in defense of said claims or actions, including attorneys' fees.

Please Note: All applicants who accept a full-time position with Spicer Group will be required to take a physical exam and drug screen at a designated facility – Spicer Group will pay all costs.

Signature _____ Date _____

Return application to: Spicer Group, Inc.
230 S. Washington Avenue, P.O. Box 1689, Saginaw, MI 48605-1689
Fax: (517) 754-4440
E-mail: sues@spicergroup.com