



1471 E. Nine Mile Rd.
Hazel Park, MI 48030

Phone: (248) 542-4400 • Fax: (248) 542-2100

APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer:

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION:

Legal name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Phone #: _____ Alternative Phone #: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____
(If position requires operation of a company vehicle)

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION:

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

EMPLOYMENT HISTORY: *(Most recent first)*

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month/year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

2. Job Title:		Duties:	
Employer:			
Dates of Employment (month/year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

3. Job Title:		Duties:	
Employer:			
Dates of Employment (month/year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

4. Job Title:		Duties:	
Employer:			
Dates of Employment (month/year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

EDUCATION:

Type of school	Name of school	Location (city, state)	# of years completed	Major/Degree Earned
High School				
College/ University				
Business/ Tech School				
Other				

Special courses, training or experience acquired, including military experience: _____

SKILLS:

Clerical/Office Skills		
Computer Skills	Software Used: Typing Speed (WPM):	<input type="checkbox"/> PC <input type="checkbox"/> Mac
Languages		
Other Special Knowledge or Skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: _____

In case of an emergency, please contact:

1. _____
Name Relationship
- _____
Home Cell / Work

CERTIFICATION & AUTHORIZATION:

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional, and past employment history including a criminal background checks where allowed by the law.

If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date



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EMPLOYEE BACKGROUND AUTHORIZATION / RELEASE FORM

****CONFIDENTIAL****

Legal Name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Phone #: _____ Alternative Phone #: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____ Issuing State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Capital Sales Company and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to disclose all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant

Date

Print Name