

# APPLICATION FOR EMPLOYMENT

## Acrisure, LLC

Acrisure is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, height, weight, marital status, national origin, qualifying disability, veteran status, or other protected characteristic.

### PERSONAL:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Phone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Sought \_\_\_\_\_  Full Time  Part Time

Date Available \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ Are you over 18 years old?  Yes  No

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

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been convicted of a crime? Are there any felony charges currently pending against you?  Yes  No  
If yes, please explain:

(A conviction will not necessarily result in the denial of employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Have you ever worked for this Company before?  Yes  No

If yes, when? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company?  Yes  No If yes, who and where do they work?

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of years completed (circle one) 1 2 3 4 **Diploma:**  Yes  No **G.E.D.**  Yes  No

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of years completed (circle one) 1 2 3 4 Major \_\_\_\_\_

Degrees Earned \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

**Other Training or Degrees:**

School \_\_\_\_\_ City/State \_\_\_\_\_  
 Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_  
 School \_\_\_\_\_ City/State \_\_\_\_\_  
 Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of license(s) held:

License \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 License \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other professional memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, age, qualifying disability, marital status, height, weight, veteran status or any other protected characteristic.)

**SKILLS:**

Check the skills/software proficiency that apply to you:

MS Word  MS Excel  MS PowerPoint  MS Outlook  10-Key I type \_\_\_\_\_ wpm.

Other software/skills \_\_\_\_\_

**EMPLOYMENT:**

List below past and present employment, starting with the most recent. Include employment with the US Military Service. Do not skip or omit any employers. Use more paper if necessary.

If employment was under a different name, please indicate name \_\_\_\_\_

May we contact your present employer?  Yes  No

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS. Should I receive a conditional offer of employment, I agree to submit to any physical, medical and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with the Company the results of such examinations.

ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG/ALCOHOL TESTS. I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

AT-WILL EMPLOYMENT. I understand that all employees of the Company are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President(s) of the Company have authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the President(s) will be enforceable unless it is in writing, pertains specifically to me, and is signed by one of the Presidents.

RELEASE. I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS. In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

**I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.**

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature