

CAS QUALITY, Inc.

22420 Telegraph Rd. Tel (313) 914-3064 Fax (313) 624-9533

EMPLOYMENT APPLICATION

Applicant: Read and sign the following notification prior to submitting this Application for Employment.

(A) The information you provide in this Application will be used, and your previous employer(s) will be contacted, for the purpose of investigating your job history and performance.

(B) As the prospective employer, CAS Quality, Inc., hereby notifies you that you have the following rights regarding the investigative information that will be provided to us:

- (1) The right to review information provided by previous employers.
- (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to CAS Quality, Inc.
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) **EQUAL OPPORTUNITY EMPLOYER:** In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, and in Michigan, height, weight, and marital status.

(D) I understand and agree to, this employment with CAS Quality, Inc. is at-will, is not an offer of employment" and contingent on the work available at the date and time of this application. This employment opportunity is project-based employment and may end at any time. I also understand that if I have a protected handicap that affects my ability to perform the position, I may ask CAS Quality, Inc. to attempt to make accommodation as required by law. I must make my request in writing to CAS Quality, Inc. as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

X

Applicant's Signature

Name _____ Home Phone _____
(First) (Middle) (Last)

Current Address _____ Alternate Phone _____

City _____ State _____ Zip _____

How long at this address? _____ (yrs.) Date of Birth* _____ Social Security # _____

Other addresses of residence for the preceding three years from the date of this application (if necessary)

(Street Address) (City) (State) (Zip) How Long? _____ (yrs)

(Street Address) (City) (State) (Zip) How Long? _____ (yrs)

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Address _____ Relation _____

Are you: a U.S. Citizen, a Lawful Permanent Resident, or otherwise authorized to work in the United States?

Position(s) Applied For: ((1_____ Salary desired (be specific): _____

Position(s) Applied For: ((2_____ Salary desired (be specific): _____

Employment desired: Full-time Part-time Full-time or Part-time How many hours weekly? _____

Schedule availability for work: No preference Mon Tues Wed Thurs Fri Sat Sun

Can you work nights? Yes No Are you available on an after-hours "on-call" basis? YES NO

When are you available to begin work if offered a position? _____

Do you have a valid driver's license? YES (please complete license information below) NO

DRIVER'S LICENSE INFORMATION

Issuing State _____ License Number _____ Class _____

Endorsements _____ Restrictions _____ License Expiration Date _____

Address on Driver's License _____

What is your means of transportation to work? _____

Do you have an active insurance policy covering your personal vehicle? YES NO Not applicable

Have you been convicted of a felony? YES NO

IF YES, explain number of convictions, nature of offense(s) leading to conviction(s), year(s) such offenses was/were committed, sentence(s) imposed and type(s) of rehabilitation(s):

Are you aware of any pending warrants or have any pending court date(s) for any felonies? YES NO

GENERAL QUESTIONNAIRE

Have you ever worked for this company before? YES when? _____ to _____ NO

Do you have any relatives employed by this company? YES who? _____ NO

Have you ever signed or are you aware of any "non-Compete" agreements with any past employer? YES NO

List any completed educational and training courses pertinent to the position for which you are applying: _____

List any special experience that may be pertinent to the position for which you are applying:

Education Information

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

High School Attended: _____ City _____ State _____

Year of graduation: _____ or Year of receiving equivalency: _____

College Attended: _____ City _____ State _____

Major and/or degree from college: _____

Business or Trade School: _____ City _____ State _____

Military Status

U.S. Military (Branch): _____ Rank: _____

Date of Entry: _____ Date of discharge: _____ Presently in Guard/Reserves? YES NO**Personal References**

Please list two (2) references other than relatives or previous employers (you may include co-workers in a nonsupervisory role):

(1) Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____

(2) Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____

Work Experience (attach additional sheets if necessary)Resume attached YES NOMay we contact your present employer? YES NO

Last/Current Employer Company Name:		<table border="1"><tr><td colspan="2">Dates of Employment</td></tr><tr><td>___/___/___</td><td>___/___/___</td></tr><tr><td>Hired</td><td>Left</td></tr></table>	Dates of Employment		___/___/___	___/___/___	Hired	Left
Dates of Employment								
___/___/___	___/___/___							
Hired	Left							
Address:								
City/State/Zip:								
Supervisor Name & Title:		Phone:						

