



# APPLICATION FOR EMPLOYMENT

Fisen Corporation is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_ Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_  
Last First M.I.

Driver's License #: \_\_\_\_\_

Have you ever worked under a different name? \_\_\_\_\_ If so, please provide name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

How were you referred to Fisen Corporation and the position for which you are applying? \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you with or without reasonable accommodation perform the essential functions of this job?  
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)  
\_\_\_\_\_

Salary Desired: \_\_\_\_\_ Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

List of Hobbies: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever applied to Fisen Corporation before? \_\_\_\_\_ If so, Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives that are presently employed with our company? If so, please provide the name(s): \_\_\_\_\_

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

**EDUCATION:**

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, when, where and what was the disposition of the case? \_\_\_\_\_

(Please note that a felony conviction does not automatically disqualify you from consideration for employment)

Please provide any additional information such as special skills, certificates, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

**REFERENCES:** Please provide three former or present co-workers that are not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

**CURRENT AND FORMER EMPLOYERS:** (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the employers listed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, which one (s)? \_\_\_\_\_

Have you ever been discharged or asked to resign from a position? If yes, please explain: \_\_\_\_\_

Please note: Involuntary termination does not automatically disqualify individuals from consideration. Fisen Corporation will take into consideration the circumstances surrounding the discharge.

**\* PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Fisen Corporation that such employment with Fisen Corporation is at will, for no specified durations and may be terminated by either Fisen Corporation or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Fisen Corporation or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that no representative of Fisen Corporation except the Owners have the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Owners of Fisen Corporation.

In consideration for employment with Fisen Corporation, if employed, I agree to conform to the rules, regulations, policies and procedures of Fisen Corporation at all times and understand that such obedience is a condition of employment.

I understand that due to the nature of the Fisen Corporation's business, attendance and punctuality are considered essential requirements of every job at Fisen Corporation and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Fisen Corporation, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment test and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Fisen Corporation and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature Date

Name and phone number of person completing this form if other than applicant:  
\_\_\_\_\_

FISEN CORPORATION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

Revised 05/04/05

Qualifying documents will need to be provided with three (3) days of hire. If not provided, you will be sent home at no pay until the documents are brought in to the Human Resources Department. You will need to provide one document from List A or one document from both List B and List C.

**LIST OF ACCEPTABLE DOCUMENTS**

LIST A LIST B

LIST C

Documents that Establish Both Identity and Employment Eligibility

Documents that Establish Identity

Documents that Establish

**OR**

**AND**

1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state Or outlying possession of the United States Provided it contains a photograph or Information such as name, date of birth, Sex, height, eye color and address	1. U.S. social security card issued by the Social Security Administration (other Than a card stating it is not valid for Employment)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)	2. ID card issued by federal, state or local Government agencies or entities, provided It contains a photograph or information Such as a name, date of birth, sex, height, Eye color and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (INS Form N-550 or N-570)	3. School ID card with a photograph	3. Original or certified copy of a birth Certificate issued by a state, county, Municipal authority or outlying Possession of the United States bearing an Official seal.
4. Unexpired foreign passport, With I-551 stamp or attached INS Form I-94 indicating Unexpired employment Authorization.	4. Voter's registration card	4. Native American tribal document
5. Alien Registration Receipt Card With photograph (INS Form I-151 or I-551)	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (INS Form I-197)
6. Unexpired Temporary Card (INS Form I-688A)	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in The United States (INS Form I-179)
7. Unexpired Employment Authorization Card (INS Form I-688A)	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization Document issued by the INS (other than Those listed under List A)
8. Unexpired Refugee Travel Document (INS Form I-571)	8. Native American tribal document	
9. Unexpired Refugee Travel Document (INS Form I-571)	9. Driver's license issued by a Canadian Government authority	
10. Unexpired Employment Authorization Document Issued by the INS with INS which contains a photograph (INS Form I-688B)	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	