



**18. EMPLOYMENT HISTORY - This section must be completed.**

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					
4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					
5. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					
6. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					

**19. NOTICE OF HANDICAPPER RIGHTS**

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company, but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, Michigan law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known that the accommodation was needed.

**20. MILITARY SERVICE**

If you have served, dates of service were from \_\_\_\_\_ to \_\_\_\_\_

Branch \_\_\_\_\_ Highest Rank or Rating \_\_\_\_\_

Reserve Status \_\_\_\_\_

**21. CONVICTION RECORD**

Have you ever been convicted of a crime? Yes  No

**A. If yes, explain when, where and the nature of all criminal convictions.**

\_\_\_\_\_

**B. Are there any felony charges pending against you at present?** Yes  No

If yes, describe: \_\_\_\_\_

Company policy does not render conviction of a crime an absolute bar to employment. Such facts as the seriousness and nature of the offense or violation, how many years ago the offense occurred and rehabilitation will be considered by the Company in relation to the specific job which you seek.

**22. APPLICANTS' CERTIFICATION AND AGREEMENT (please read carefully)**

**Certification of Truthfulness.** I certify that all statements on this Application for Employment are true to the best of my knowledge. I understand and agree that the statements made herein may be investigated and, if found to be false, will be sufficient reason for not being employed, or if employed, will be cause for dismissal, when discovered.

**References.** I authorize the references I have listed above and any of my prior or current employers, to give you any and all information concerning my previous employment, including any disciplinary information, and any pertinent information they may have, personal or otherwise, and in exchange for my consideration of employment, I release all parties from all liability for any damage that may result for furnishing information to you. Also, I hereby waive written notice to me that employment information is being provided by any person or organization.

**Employment At-Will.** If hired, in consideration of my employment, I agree to abide by the rules, policies and procedures of the Company. I further agree that my employment with the Company is at-will and can be terminated for any reason, with or without cause, and with or without notice at any time, at the option of either the Company or myself. I understand that the Company may, from time to time, make unilateral changes in its rules, regulations and personnel practices and policies which will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment, including layoffs. I also understand that no agent or representative of the Company has any authority to make any agreement contrary to the foregoing, except by a written employment contract signed by me and the President of the Company or designate.

**23. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



## Applicant Information Release

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to disclose, in good  
Applicant's Full Name Requestee  
faith, any information they may have regarding my qualifications and fitness for employment. I will hold WellsBrooke, Inc.

and \_\_\_\_\_ free of liability for the exchange of this information and any other reasonable  
Requestee  
and necessary information incident to the employment process.

Signed: \_\_\_\_\_  
Applicant's Full Name

Social Security #: \_\_\_\_\_