



7910 S. Sprinkle Road
Portage, MI 49002

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

It is our policy to offer equal opportunity by not unlawfully discriminating based on individual race, color, national origin, citizenship, sex, age, height, weight, veteran status, marital status, non-disqualifying disability, or any other characteristics protected by law. This applies to all employment practices and personnel actions, including hiring, promotion, recruiting, termination, and compensation. Under certain circumstances, D&A Auto Body may have a duty to accommodate qualified disabled individuals. If you need any accommodation, we encourage you to contact the Human Resources office. Under Michigan law, if you need an accommodation, you must notify the Human Resources office in writing within 182 days after you knew or reasonably should have known of the need. Failure to notify Human Resources in a timely manner may result in the loss of legal rights under Michigan law. D&A Auto Body encourages applications by qualified individuals with disabilities and does not unlawfully discriminate in its consideration of such applicants.

In order to provide a pleasant, safe and productive work place we do not condone harassment relating to a person's race, color, national origin, citizenship, religion, marital status, sex, age, veteran status, non-disqualifying disability, sexual orientation, height, weight or other legally protected characteristic. We prohibit the use, distribution, sale, or possession of alcoholic beverages, drugs, and controlled substances (except for use of legitimately prescribed medication pursuant to a physician's order) while at work. We prohibit reporting to work while under the influence of alcoholic beverages, drugs, or controlled substances.

SECTION 1: PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____

PRESENT ADDRESS _____ APT NO. _____ CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS _____ APT NO. _____ CITY _____ STATE _____ ZIP _____

ARE YOU 18 YEARS OR OLDER? YES NO PHONE _____ EMAIL _____

ARE YOU LEGALLY AUTHORIZED FOR EMPLOYMENT IN THE UNITED STATES? (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.) YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO

Branch of Service _____

Period of Active Duty _____

Rank at Discharge _____

Discharge Date _____

SECTION 2: DESIRED EMPLOYMENT

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO D&A AUTO BODY BEFORE? YES NO

WHEN? _____

WHO REFERRED YOU TO D&A AUTO BODY

- EMPLOYMENT AGENCY NEWSPAPER ADVERTISING FRIEND INTERNET
 STATE EMPLOYMENT OFFICE EMPLOYEE REFERRAL WALK IN OTHER

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SECTION 3: EDUCATION

NAME/LOCATION OF SCHOOL (HIGH SCHOOL AND ABOVE)	NO. OF YEARS ATTENDED	GRADUATED	MAJOR/DEGREE
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

OTHER EDUCATION, EXPERIENCE, OR LICENSES, WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

SECTION 4: FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER _____

STARTING AND LEAVING DATES _____	JOB TITLE _____
WEEKLY SALARY _____	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR _____	TITLE _____ PHONE _____

REASON FOR LEAVING _____

NAME OF PRESENT OR LAST EMPLOYER _____

STARTING AND LEAVING DATES _____	JOB TITLE _____
WEEKLY SALARY _____	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR _____	TITLE _____ PHONE _____

REASON FOR LEAVING _____

NAME OF PRESENT OR LAST EMPLOYER _____

STARTING AND LEAVING DATES _____	JOB TITLE _____
WEEKLY SALARY _____	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR _____	TITLE _____ PHONE _____

REASON FOR LEAVING _____

NAME OF PRESENT OR LAST EMPLOYER _____

STARTING AND LEAVING DATES _____	JOB TITLE _____
WEEKLY SALARY _____	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR _____	TITLE _____ PHONE _____

REASON FOR LEAVING _____

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SECTION 5: REFERENCES

BELOW, GIVE THE NAMES OF THREE BUSINESS REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	BUSINESS/RELATIONSHIP	PHONE NUMBER
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1

2

3

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED OR MISLEADING STATEMENTS ON THIS APPLICATION, OR FAILURE TO DISCLOSE ANY PERTINENT INFORMATION SHALL BE GROUNDS FOR NON-HIRE OR IMMEDIATE DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN INCLUDING MY DRUG SCREEN RESULTS & D&A AUTO BODY TO CONTACT THE REFERENCES, EMPLOYERS AND EDUCATIONAL INSTITUTIONS LISTED ABOVE TO DISCUSS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE D&A AUTO BODY , ITS OFFICERS, EMPLOYEES, MY CURRENT & FORMER EMPLOYER, MY REFERENCES AND THE EDUCATIONAL INSTITUTIONS I HAVE ATTENDED FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE DISCLOSURE DISCUSSION AND UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT AT D&A AUTO BODY IS AT WILL AND MAY BE ENDED BY ME, OR D&A AUTO BODY AT ANYTIME FOR ANY OR NO REASON. NO REPRESENTATIVE OF D&A AUTO BODY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED D&A AUTO BODY REPRESENTATIVE."

DATE

SIGNATURE