



Portland Products, LLC
271 Morse Drive
Portland, Michigan 48875

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets, your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) *(First)* *(Middle)*

Address _____
(Street) *(City)* *(State)* *(ZIP)*

Telephone Number (with area code) _____ Social Security Number _____

Are you 18 years or older? Yes No Are you a U.S. citizen? Yes No (not applicable in California)

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full time Part time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Have you signed a Non-Compete Agreement, Confidentiality or other agreement that places restrictions on your work here? Yes No

Salary desired _____ Date available to work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer	Employment Dates		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate / Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Employment Dates		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate / Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Employment Dates		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate / Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

List any other positions held on a separate sheet.

EDUCATION LEVEL	Name / Location	Years Completed	Diploma / Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational / Training				

Any other educational training? _____

REFERENCES

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age

State any additional information that you feel may be helpful to us in considering your application.

Name, address, and telephone number of the person to be notified in the event of accident or emergency

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by an officer of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, the company during the course of my employment.

I agree that any action or suit against the company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the company, in which the company prevails, I will pay to the company any and all such costs incurred by the company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) and/or illegal drug tests are known.

Date

Signature