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 GRAND BLANC, MI 48439-8998
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This company has
 a substance abuse
 policy that includes
 pre-employment
 drug testing.

APPLICATION FOR EMPLOYMENT

To the applicant: We appreciate your interest in our Firm 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, sexual orientation, gender identity, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

PERSONAL

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

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

Phone Number _____ Email _____

Are you 18 years or older? Yes No Are you a U.S. Citizen? Yes No

Are you authorized to work in the U.S.? Yes No

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

If previously employed here, reason for termination _____

How did you learn about our company _____

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 experiences that relate to the Position(s) applied for?

Salary Desired _____ Date available to start _____

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 firm 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	Date		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	Date		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	Date		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	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate				
Apprenticeship & Vocational Training				
Certifications				

Any other educational training? _____

REFERENCES (Do not include relatives or former employers)

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

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the U. S. or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____

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

Special/technical training _____

ADDITIONAL INFORMATION

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 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 the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm 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 firm during the course of my employment. I hereby authorize the firm to deduct from each and every pay period of my pay any amounts necessary to offset any damages caused by me or money owed by me during the course of my employment.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, 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 firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm 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 drug test are known.

Date

Signature

Equal Employment Opportunity Questionnaire

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUESTED AND VOLUNTARY. INFORMATION PERTAINING TO VETERAN AND DISABILITY IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Male

Female

Confidential Applicant Information

Race/Ethnic Heritage (Please check one). If two or more categories apply, chose the one with which you most clearly identify.

Hispanic or Latino

- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino)

- A person having origins in any of the original peoples of Europe, Middle East, or the North Africa.

Black or African American (Not Hispanic or Latino)

- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

- All persons who identify with more than one of the above six races.

Other

If you choose not to self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

Are you **Disabled**?

Yes

No

Prefer not to answer

- A person who has a physical or mental impairment or medical condition which substantially limits one or more major life activities, or has a history or record of such an impairment.

If yes, please indicate required accommodations to perform your job or for the application process:

Are you a **Veteran**?

Yes

No

Prefer not to answer

- A veteran of the United States Military Armed Forces.

Applicant Name (Print)

Applicant Signature

ZITO CONSTRUCTION CO.
CRIMINAL RECORDS POLICY

NOVEMBER 1, 2015

Zito Construction Company's employees have frequent contact with the public and are entrusted with Company equipment and materials. As such, the Company may conduct criminal conviction record checks on applicants and employees for use in hiring and employment decisions.

1. This policy only considers convictions. Arrest records will not be checked.
2. Applicants may not be hired with a conviction for any crime involving dishonesty, theft, drugs, violence, weapons or sex crimes, whose conviction, probation, incarceration or parole was within ten (10) years prior to applying for the job at the Company.
3. Applicants may not be hired for any position involving driving who has a conviction for a driving offense involving alcohol or drugs or whose driver's license was suspended/revoked/restricted for any reason within five (5) years prior to applying for the job at the Company.
4. Applicants with other types of convictions will be reviewed by the Company to determine whether the conviction disqualifies the applicant. The Company may also review driving records and may reject any applicants because of a poor driving record.
5. Applicants who falsify employment applications by indicating they have no convictions when they have been convicted in the past (of any date or type asked for) will not be hired and, if hired before the conviction search is completed, will be terminated when the search record confirming a conviction is received by the Company.
6. Any employee who is convicted of a misdemeanor or felony during their employment must inform the Company, in writing, of the conviction within five (5) business days of the conviction. Failure to timely provide written notification to the Company of the conviction may result in the immediate termination of the employee. The employment status of an employee who timely reports a conviction will be reviewed on a case-by-case basis. The Company may, in its discretion and as allowed by law, also conduct random and/or periodic criminal records checks of existing employees for convictions.
7. Nothing in this policy shall modify the Company's other employment policies.
8. Applicants and employees agree to the terms of this policy and agree to allow the Company to check records by whatever means for criminal and driving convictions.

I agree to the policy, and by signing, swear that the information I give is accurate and complete.

Applicant Signature _____ Date _____

Applicant Name: _____

At any time, have you been convicted of one or more crimes involving fraud, theft, robbery, burglary, breaking & entering, arson, vandalism, drug use/possession/sale/manufacture, assault/battery, weapons, stolen property, sex crimes or crimes against family or children?

Yes No If yes, state where, when and nature of each conviction:

Month/Year	Description of Crime	City/State	Sentence

Are you currently on probation, parole, work release or personal protection order for a prior conviction?

Yes No If yes, describe terms:

Are you currently required to be registered on a Sex Offender Registry?

Yes No If yes, describe terms:

At any time, have you been convicted of one or more of the following: driving under the influence of alcohol/drugs, reckless driving, fleeing/alluding police, or any other felony involving use of a motor vehicle?

Yes No If yes, state where, when and nature of each conviction:

Month/Year	Description of Crime	City/State	Sentence

Is your driver license currently revoked, suspended or restricted?

Yes No If yes, describe conditions:
