



CDI COMPANIES INC.

Employment Application

Please print all information requested except for your signature. Please remember to date your application. Use only black or blue ink.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Cell Phone			
Social Security No.	Drivers License Number		
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

Please tell us how you found out about us:

Michigan Works _____ Michigan Indian Employment & Training Services _____ Newspaper _____

Referral (who) _____ Other (Please specify) _____

Please Read Carefully:

I understand that if an employment relationship is established, I have a right to terminate my employment at any time. Further, I acknowledge that the Company has the right to terminate my employment for any reason or for no reason at all, with or without notice, and with or without cause. My employment would be at will. Further, I understand that the Company has the right to modify its policies without giving me any notice of the change.

I hereby, authorize the Company to verify all of the information I have provided on my application. I also agree to execute as a condition of employment or continued employment, any additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to this information. I expressly authorize the Company to contact any of my prior employers and release all of those prior employers to the Company from any and all liability arising from their giving information about my employment history.

I certify that I can and will, upon request substantiate all statements made by me on this application, and that such statements, are complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER / AFFIRMITIVE ACTION USE ONLY

In compliance with Federal, State, and Local Equal Employment Opportunity Laws and Regulations, qualified applicants shall not be discriminated against because of Race, Color, Religion, National Origin, Sex, Age, Handicap or Veteran's Status.

To help us comply with Equal Employment Opportunity record keeping and reporting requirements, we would appreciate your giving us the following information on a voluntary basis.

This information will be kept in a confidential file, separate and apart from your employment application, and will not be used to discriminate against you in any way.

Date:

Position applied for:

Check here if you prefer not to provide this information. _____

RACE/ETHNIC GROUP

Asian _____ Hispanic _____ African American _____ Native American _____ White _____ Other _____

SEX

Male _____ Female _____

VETERAN

Veteran _____ Vietnam Era Veteran _____ Disable Veteran _____ V.A. Disability Rating % _____

HANDICAPPED If handicapped describe your disability:

Signature

Date