



Great Lakes Group

501 w Mt Hope Lansing Mi 48910 tel 517-452-4040
Employment Application

Personal Data:

Date: _____

Name _____
First Middle Last

Address _____
No. Street City State Zip

Social Sec. No. _____ Driver's Lic No. _____

Mobile Phone: _____ Best time to reach: _____

Emergency Contact: Name _____ Tel no. _____

Applicant: Thank you for your interest in joining our organization. Your application will be considered regardless of race, creed, color, sex, age, national origin, disability or any other protected class. To enable us to properly evaluate this application, all questions must be answered as completely as possible.

Job Information:

Do you need full time employment?

Will you consider part time?

Hours needed:

Position applied for:

Yes No

Yes No

Previously applied here? Yes No. If so, When? _____

Rate of pay expected

\$ _____

Per • Year
 • Hour
 • Week

<p>Have you ever been convicted of a crime?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list dates and details, answering yes is not an automatic bar to employment</p>	<p>What prompted you to apply with us?</p> <p><input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral, Who? <input type="checkbox"/> Sign <input type="checkbox"/> Agency, Which? <input type="checkbox"/> Other, Please Explain</p> <p>_____</p>
--	---

List any friends or relatives currently working for us.

Name Relationship Position

Education:	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED (optional)	LIST DIPLOMA OR DEGREE
HIGH SCHOOL					
COLLEGE					
OTHER					

Experience:

Please provide information covering your complete employment experience, begin with your last or present job, and include time spent in military service, if any. Be accurate and **be sure to account for all of your time**. Use the comments area at the end of this section to account for all gaps in your employment.

Company Name					Address		Supervisor		
							Name:		
From		To		Starting Salary	Last Salary	Reason for Leaving			
Mo.	Yr.	Mo.	Yr.						
Describe the work you did:							<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated		Other Manager/Co-Worker Reference
							Name:		
							Home/Cell Phone:	Time to Call	

Company Name					Address		Supervisor		
							Name:		
From		To		Starting Salary	Last Salary	Reason for Leaving			
Mo.	Yr.	Mo.	Yr.						
Describe the work you did:							<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated		Other Manager/Co-Worker Reference
							Name:		
							Home/Cell phone:	Time to Call	

Company Name					Address		Supervisor		
							Name:		
From		To		Starting Salary	Last Salary	Reason for Leaving			
Mo.	Yr.	Mo.	Yr.						
Describe the work you did:							<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated		Other Manager/Co-Worker Reference
							Name:		
							Home/Cell phone:	Time to Call	