

HICKORY STICKS,LLC

Application for Employment

To All Applicants:

Thank you for applying for employment. We ask that you understand that the careful and thorough completion of this application is important. Please, therefore, complete it fully and honestly. Please specify the position or positions you are applying for.

As you complete the application and consider employment opportunities that may be available, you are asked to understand that the industry is highly seasonal. There are, therefore, no guarantees as to the number of weeks or the number of hours per week that Associates are scheduled to work.

You are also asked to understand that if you are employed and scheduled to work, you may be assigned different tasks at different times of the year. Any and all such assignments, even if they are totally different than the work for which you applied, will be considered to be a normal part of your job.

Your application will go into our inactive file 60 days from the date of this application. When your application has been placed in our inactive file, you must submit a new application to be considered for employment. Please ask the person interviewing you any questions that you may have. He or she will be happy to answer them for you.

Employment with this Company is based on individual merit. Employment opportunities are open to all without regard to race, color, sex, age, religion, marital status, national origin, veteran status, non job-related handicap, height or weight.

Date of Application

Name, Address(es), Telephone Number(s), Social Security Number:

Print Full Name

Present Address

Permanent Address

Phone Number(s)

Social Security Number

In An Emergency, Notify:

Print Full Name

Address

Phone Number(s)

General Information:

Are you 18 years of age or more? _____ Yes _____ No
Have you ever been convicted of a misdemeanor? _____ Yes _____ No
Have you ever been convicted of a felony? _____ Yes _____ No
Do you currently have felony charges pending against you? _____ Yes _____ No

Employment Desired:

Department _____ Position _____
Date you can start _____ Date you can work until _____
Have you ever worked for this property previously? _____ Yes _____ No
If yes, when? _____
Do you have any relatives currently employed at this property? _____ Yes _____ No
If yes, please list their names: _____
Are you employed now? _____ May we contact your present employer? _____
Name, Title and Phone Number of Current Employer: _____

Physical Record:

Do you have the ability to meet the attendance requirements of the job for which you are applying?
_____ Yes _____ No
Are you able to perform these tasks with or without accommodation?
_____ Without _____ With accommodation
If with accommodation, how would you perform these tasks, and with what accommodation? _____

Education Record:

Type of School	Name and Location	Number of Years Attended	Did You Graduate?	Area of Specialization
Elementary School				
High School				
Trade, Business or Corresp. School				
Junior College or College				

Do you have other formal training or education which you feel is relevant to the position for which you are applying? _____ Yes _____ No If yes, please describe: _____

Military Record:

Do you have US Military experience? _____ Yes _____ No If yes, please provide:

Branch of Service _____ Dates of Service _____

Rank _____ Type of Discharge _____

Employment Record:

Employer's Name, Address & Phone No.	Position	Dates Position held Starting & Ending	Wage/Salary - Hourly/Yearly	Reason for Leaving

Employer References: Which of your previous employment supervisors would know enough about your attitude and skills to provide references?

Name	Phone Number	Relationship	Years Known

Do you have supervisory experience? _____ Yes _____ No If yes, please describe:

Are there any special skills you possess? _____ Yes _____ No If yes, please describe:

Have you received any awards, commendations, training or other job related achievements which you wish to have considered? _____ Yes _____ No If yes, please describe:

Are you lawfully entitled to be employed in the United States? _____ Yes _____ No

Special Questions:

Do not answer any of the questions in this section unless the Company's representative has checked a box preceding a question, thereby indicating that the information is required for a legally permissible reason.

- Citizen of United States? _____ Yes _____ No
- Date of Birth _____
- Class of Driver's License _____ State _____
Driver's License Number _____
- Have you been convicted or plead guilty to any traffic violations in the last three years?
____ Yes ____ No If yes, please explain: _____
- You must submit a current copy of your motor vehicle record from the Department of State.
- Your application will not be complete until this record is received.
- You must submit a photostatic copy of your license. Your application will not be complete until this copy is received.

Additional Information:

Use this space to complete any previous questions. Be sure to indicate what answers you are completing. _____

Authorization:

I authorize investigation of all statements contained in this application. I understand that, if employed, any misrepresentation or omission of facts on this application will result in my termination. I authorize my former employers to give any information regarding my employment record and release all parties from any liability for any damages that may result from furnishing it to you. I also hereby waive any right to notice I may have under the Michigan Employee Right to Know Act. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand that, under the Company's employment at will policy, my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. I understand that no employee or representative of the Company other than its President 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, and that any such action by the President must be in writing to be valid.

Date _____ Signature _____

Do Not Write Below This Line

Interviewed by: _____ Date: _____

