

APPLICATION FOR EMPLOYMENT



JL Scrap Industries
Suli Inc.
Oak Park, Michigan 48237

Name: _____

Personal Data

Name: Last _____ First _____ Middle _____

Address: _____ City _____ State _____ Zip _____

Telephone Number (_____) _____ Social Security Number _____ - _____ - _____

List Relatives Employed with Suli, Inc. _____

Referred By: _____

Employment Information

Position applying for: _____ Salary/Hourly Pay Requirements: _____

Regular Part-Time Temporary Summer Student Intern

Date Available for work: _____

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

Have you ever applied to this Company before? Yes No

Have you ever been employed by this Company before? Yes No

If Yes, include dates and positions: _____

Are you willing to travel? Yes No

If now employed, why do you want to change? _____

May we contact your previous employers? Yes No

Present Employer? Yes No

Education and Training

Educational Institution Name and Location of School	Number of Years Attended	Highest Level of Education Attained	Subject Studied/ Academic Concentration
High School			
College			
Graduate/Trade/ Business School			

Additional abilities, technical skills, languages and/or special knowledge applicable to employment: _____

Academic achievements applicable to employment: _____

Organizations, Licenses, Certifications and Certificates applicable to employment: _____

SULI, INC. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND SEEKS TO EMPLOY QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, CREED, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN OR VETERAN STATUS, INCLUDING INDIVIDUALS WITH DISABILITIES WHO ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF A PARTICULAR JOB WITH OR WITHOUT REASONABLE ACCOMMODATION.

Employment History (begin with current or most recent position)

1. Employer Name and Address

Salary/Pay

Date (MM/YYYY)

Starting:

From: /

Final:

To: /

Telephone #:

Major Responsibilities

Position:

Supervisor Name:

Supervisor Title:

Reason For Leaving

2. Employer Name and Address

Salary/Pay

Date (MM/YYYY)

Starting:

From: /

Final:

To: /

Telephone #:

Major Responsibilities

Position:

Supervisor Name:

Supervisor Title:

Reason For Leaving

3. Employer Name and Address

Salary/Pay

Date (MM/YYYY)

Starting:

From: /

Final:

To: /

Telephone #:

Major Responsibilities

Position:

Supervisor Name:

Supervisor Title:

Reason For Leaving

4. Employer Name and Address

Salary/Pay

Date (MM/YYYY)

Starting:

From: /

Final:

To: /

Telephone #:

Major Responsibilities

Position:

Supervisor Name:

Supervisor Title:

Reason For Leaving

5. Employer Name and Address

Salary/Pay

Date (MM/YYYY)

Starting: _____

From: /

Final: _____

To: /

Telephone #: _____

Major Responsibilities

Position: _____

Supervisor Name: _____

Supervisor Title: _____

Reason For Leaving

Other

Military Service: _____ Branch of Service: _____ Years in Service: _____

Duties as applicable to employment: _____

References

List three individuals who have knowledge of your work experience

1. Name: _____ Address: _____

Occupation: _____ Phone: _____ Years Known: _____

2. Name: _____ Address: _____

Occupation: _____ Phone: _____ Years Known: _____

3. Name: _____ Address: _____

Occupation: _____ Phone: _____ Years Known: _____

Criminal Convictions

Please identify all criminal convictions, including any felony or misdemeanor convictions. Use the back of this form if you need more space.

Type of conviction & final disposition: _____

Conviction Date/Location: _____

All Applicants Please Sign

I affirm that all statements and answers are true, correct, and complete to the best of my knowledge and that I have not knowingly withheld any information requested on this application. I understand that any false statement, misstatement or omission of information in this application may result in a refusal to hire, or if hired, in immediate discharge.

I understand that in connection with my application and/or resume, Suli Inc. may investigate my academic credentials and performance, prior job performance, character and general reputation. The objective is to obtain information for the sole purpose of considering me for employment. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. In consideration for my employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option without any prior notice to me.

I FURTHER ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE "AT WILL," AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME BY ME OR BY THE COMPANY. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment other than those set forth in the employee handbook, either prior to commencement of employment or after I have become employed. In addition, I authorize Suli, Inc. to obtain any other information it considers necessary, including examination of federal, state, and municipal criminal and/or police records.

I understand that I may be required to submit to a physical examination by a physician of the company's choice and that any offer of employment is conditional upon my being able to perform the essential functions of the position in question, with or without reasonable accommodation. If I fail to do so, or I cannot perform the essential functions of the job with or without reasonable accommodation, any such conditional offer of employment or my employment may be terminated by the company without any prejudice to it or any other liability.

I understand that this application is only valid for the position for which I am applying and that if I wish to apply for any further positions, I must file another application.

Applicant's Signature _____ Date _____