



APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in Integrated Design Solutions and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing 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, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL

Name: _____ Date of Application: _____
(last) (first) (middle)

Address: _____ Telephone Number: _____
(number) (street) (city) (zip)

Social Security Number: _____ Are you 18 years or older? Yes
No

Are you a U.S. Citizen? Yes No (not applicable in California)

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

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

Supervisor Name(s): _____

Have you filed an application before? Yes No If yes, date(s): _____

List any friends or relatives working here: _____

Method of transportation? _____

EMPLOYMENT DESIRED

Position applying for? _____

Kind of work sought? Full Time Part Time Other: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary Desired? _____ Date available to work? _____

Employers must make accommodates to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, 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 that an accommodation is needed. Failure to 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's Name and Address

Work Performed

_____	_____
_____	_____
Phone: _____	_____
Dates: From: _____ To: _____	_____
Supervisor: _____	Salary? _____
Reason for Leaving? _____	_____
_____	_____

2. Employer's Name and Address

Work Performed

_____	_____
_____	_____
Phone: _____	_____
Dates: From: _____ To: _____	_____
Supervisor: _____	Salary? _____
Reason for Leaving? _____	_____
_____	_____

3. Employer's Name and Address

Work Performed

_____	_____
_____	_____
Phone: _____	_____
Dates: From: _____ To: _____	_____
Supervisor: _____	Salary? _____
Reason for Leaving? _____	_____
_____	_____

4. Employer's Name and Address

Work Performed

_____	_____
_____	_____
Phone: _____	_____
Dates: From: _____ To: _____	_____
Supervisor: _____	Salary? _____
Reason for Leaving? _____	_____
_____	_____

EDUCATION

	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
Elementary School	_____ _____			
High School	_____ _____			
College	_____ _____			
Graduate	_____ _____			
Vocational/Training	_____ _____			

Any other educational training? _____

REFERENCES

1. Name: _____ Phone: _____

Address: _____ Years Acquainted: _____

2. Name: _____ Phone: _____

Address: _____ Years Acquainted: _____

3. Name: _____ Phone: _____

Address: _____ Years Acquainted: _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge? _____ Date of Discharge? _____

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

Special/technical training: _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No

If so, where, when and nature of offense: _____

Do you have a valid driver's license? Yes No License Number: _____ State: _____

List professional trade, business or civic activities and offices held excluding groups whose name or character would indicate race, color, religion, sex, national origin, handicap, marital or veterans 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 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, education, credit or medical history 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. 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 Company 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 agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. 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) are known.

Signature

Date