



## MI Express Care Employment Application

**WRJ & Associates PLLC, a Michigan professional limited liability company doing business as "MI Express Care," does not discriminate on the basis of sex, age, race, national origin, color, religion, marital status, weight, height, veteran status, disability or any other protected category in accordance with state, federal or local laws.**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alternate Phone	E-mail Address	
Date Available	Desired Salary		
Position Applied for			
Are you legally authorized to work in the United States?      YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof of citizenship or immigration status will be required upon employment)			
Have you been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes," please explain: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Are you able to perform all the essential functions of the job for which you are applying, with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you want to work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	On what date are you available for work? _____
What shift(s) are you available to work (circle all that apply)? <input type="checkbox"/> Midnights <input type="checkbox"/> Days <input type="checkbox"/> Afternoons			
Have you filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you know anyone who works for our organization? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please indicate who and his/her relationship to you: _____			
How did you find out about the position that you are applying for? _____			
Can you travel if the job requires it?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you are hired and are under the age of 18 are you able to provide a work permit?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been dismissed from or asked to resign from any employment position?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Is any additional information relative to a different name necessary to check work or other records?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			

Are you currently under investigation by any administrative agency, professional association or board governing conduct for a specific profession? YES  NO  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

*Provide Requested Information for All Formal Schooling*

School		Address	
Area of study	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Attained
School		Address	
Area of study	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Attained
School		Address	
Area of Study	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Attained

**REFERENCES**

*Please list three professional references.*

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

**PREVIOUS EMPLOYMENT**

*List in Order of Last or Current Employer First. Include any job-related military service assignments and volunteer activities.*

Company	Phone (    )	
Address	Supervisor	
Job Title	Duties	
Responsibilities	Salary	
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	Duties	
Responsibilities	Salary	

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			Duties	
Responsibilities			Salary	
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		

**DISCLAIMER AND SIGNATURE – READ CAREFULLY AND SIGN BELOW**

I certify that the facts set forth in this Application of Employment, in my résumé and in the other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment or in dismissal from employment if an offer of employment has been made and accepted. I understand that my employment will be contingent, if selected, on my completion of the pre-employment process which may include a background check and drug screen. I authorize the company to perform a drug screen and will sign all authorizations related to complete a criminal background check if I am conditionally offered a position of employment.

I hereby authorize WRJ & Associates PLLC, a Michigan professional limited liability company doing business as "MI Express Care" (the "Company"), to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record, work, academic and/or military experience. I hereby authorize my current and former employers, educational institutions, military entities, and the other references I have provided to disclose to the Company all information regarding me.

I also hereby release the Company and its employees and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Company or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Company may conduct a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search. I further hereby release the individual or entity conducting the search, the Company and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Company or in my dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment I agree and understand that my employment, compensation, and benefits can be terminated with or without notice, and with or without cause, at either my option or at the option of the Company, it being mutually understood and agreed that my relationship with Company is one of employment at will. No representatives of the Company, other than the Managing Member, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the Managing Member.

I further recognize that if employed by the Company, I agree, in consideration of my employment, to file any claim or lawsuit arising out of or in any way related to my employment and/or cessation of my employment within one hundred-eighty (180) days after the claim(s) arise(s) or within the applicable statutory limitations period(s) provided by law, whichever occurs first, and my failure to do so shall act as a bar to any claim that I may have.

If I am employed by the Company, I understand that additional personal data will be required for statistical purposes. I will abide by all policies, rules and regulations of the Company.

I understand that if I have a disability I must timely tell Company in writing of my need for accommodation within one hundred-eighty two (182) days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so may prevent me from alleging a violation of the accommodation requirements otherwise imposed by applicable law.

I understand that it is the policy of the Company to maintain a work place free from the effects of both illegal drugs and/or alcohol. I understand and agree I may be tested for illegal drug and alcohol use during my employment as the Company deems necessary in its sole discretion. My refusal to take a test, altering the results of a test, tampering with my sample, or failing the test will disqualify me from employment. I understand a drug test may be required prior to employment and any time during my employment at the sole discretion of the Company. I agree, if employed, to submit to a job related medical exam at any time at the Company's request. I consent to have the results of any post offer, pre-employment or post employment medical examination I am required to undergo disclosed to the Company. I also acknowledge that if hired I may be required to submit to medical/physical examinations which are job related and consistent with business necessity.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release upon discovery of same. I also understand and agree that I am required to abide by all rules and policies of the Company.

I have read each paragraph above and accept the terms and conditions described.

**The Company does not discriminate on the basis of sex, age, race, national origin, color, religion, marital status, weight, height, veteran status, disability or any other protected category in accordance with state, federal or local laws.**

**Once my application file is complete, the Company will keep this application for at least one year, or for any other period of time dictated by state or federal law. I understand that any application I submit will be active for thirty (30) days only and will be considered only for the position I originally applied for. I will have to reapply for any new job openings. All materials submitted become the property of the Company.**

Applicant  
Signature:

Date:

Applicant's Printed Name: