



EMPLOYMENT APPLICATION

302 S. Main St.
Ann Arbor, MI 48104
(734) 222-0400

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by State or local law.

PERSONAL INFORMATION

Last Name		First Name		Middle Name
Street Address		Date		
City, State, Zip		Phone		Email
Have you ever applied for employment with Black Pearl? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes: Month and Year _____				
Position desired		Social Security Number		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to begin work		Expected pay
State names of relatives and friends working for us, other than your spouse.				
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, describe in full.				
Let us know why you chose to apply to Black Pearl.				
Other special training or skills (languages, machine operations, etc.)				

EDUCATION

School	Name of School	Course of Study	Years Completed	Graduated? Y/N	Degree/Diploma
College					
Business/Trade/Technical					
High School					

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.
Start with your present and most recent employer.

1	Company Name	Dates of Employment
Street Address	Telephone	
City, State	Supervisor's Name	
State Job Title and Describe Your Work		
Reason For Leaving	Weekly Pay Starting:	Last:

2	Company Name	Dates of Employment
Street Address	Telephone	
City, State	Supervisor's Name	
State Job Title and Describe Your Work		
Reason For Leaving	Weekly Pay Starting:	Last:

3	Company Name	Dates of Employment
Street Address	Telephone	
City, State	Supervisor's Name	
State Job Title and Describe Your Work		
Reason For Leaving	Weekly Pay Starting:	Last:

REFERENCES

1	Name	Telephone
Organization		
Title		Personal or Professional?
2	Name	Telephone
Organization		
Title		Personal or Professional?
3	Name	Dates of Employment
Organization		
Title		Personal or Professional?

AT WILL STATEMENT

I acknowledge that my employment and compensation can be terminated at any time, with or without reason, and with or without prior notice, by either me or Black Pearl. I am aware that no supervisor, manager, or other representative of Black Pearl other than the Managing Member have any authority to enter into any agreement for employment for any reason or for any specified period of time or to make any agreement contrary to the foregoing provisions. I further agree that any promises made by the Managing Members are not binding by Black Pearl unless made in writing. This agreement supersedes any prior understanding or agreement between Black Pearl and myself.

Applicant Signature:	Date:
Employer Signature/Title:	Date:

SIGNATURE

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will effect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed reference and all employers, except those "specifically excepted" below, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

• Employers specifically excepted: _____

Signature:	Date:
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