

CeeTox, Inc.
PRE-EMPLOYMENT APPLICATION
An Equal Opportunity Employer

IMPORTANT – This application must be completely answered. A resume cannot be substituted. Please only answer specifically the questions on this form. Completing this application does not imply that the applicant will be employed but rather only that the applicant will be considered in competition with other applicants.

CeeTox is an Equal Opportunity Employer. It is a CeeTox policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, disability, marital status, height, weight, citizenship or veteran status. If you require accommodation(s) to complete this application, please speak with a CeeTox representative. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

NAME _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip

Dates in Residence at this address _____
MM/YY to MM/YY Home Phone or best no. to call Business Phone

Have you previously been employed by CeeTox? _____ If so, when? _____

List any relatives or friends working at CeeTox _____

Position Desired _____ Are you available to work? () Full-Time () Part-Time Salary Requirement \$ _____

If you are considered for employment, what date will you be available to work? _____

Specify days and hours if available part-time _____ Are you willing to work overtime or extra time on occasion? _____

If less than 18 years of age, can you submit a work permit before beginning employment? () Yes () No

Are you legally eligible for employment in the United States? _____ (Proof of authorization to work in the United States will be required upon employment).

In the past 5 years, have you been convicted of a felony, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? () Yes () No If yes, describe in full. Conviction will not necessarily disqualify applicant.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? () Yes () No

If no, describe the functions that cannot be performed. _____

Have you any of the following skills? (Please check):

- Typing _____
- Spreadsheet _____
- Data entry _____
- 10 key _____
- Presentation _____
- Other (describe) _____

EMPLOYMENT HISTORY

List below, beginning with the most recent, *all* present and past employment (use separate sheet if necessary)

Company Name:	Phone _____
Address:	Employed (month & year) From _____ To _____
Immediate Supervisor (name and title):	Rate of Pay Start _____ Last _____
Job Title and Nature of Work: _____ _____	Hourly Biweekly Annual
	Reason for Leaving _____
	May we contact this employer? YES NO
Company Name:	Phone _____
Address:	Employed (month & year) From _____ To _____
Immediate Supervisor (name and title):	Rate of Pay Start _____ Last _____
Job Title and Nature of Work: _____ _____	Hourly Biweekly Annual
	Reason for Leaving _____
	May we contact this employer? YES NO
Company Name:	Phone _____
Address:	Employed (month & year) From _____ To _____
Immediate Supervisor (name and title):	Rate of Pay Start _____ Last _____
Job Title and Nature of Work: _____ _____	Hourly Biweekly Annual
	Reason for Leaving _____
	May we contact this employer? YES NO
Company Name:	Phone _____
Address:	Employed (month & year) From _____ To _____
Immediate Supervisor (name and title):	Rate of Pay Start _____ Last _____
Job Title and Nature of Work: _____ _____	Hourly Biweekly Annual
	Reason for Leaving _____
	May we contact this employer? YES NO

EDUCATION

School	Name of School	City and State	Years Completed	Diploma/Degree (Subject)
High School				
College/University				
Other (Specify)				
Other (Specify)				

PROFESSIONAL REFERENCES

List three persons, NOT relatives, whom you have known at least 1 year.

	<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Phone</u>
1.				
2.				
3.				

