



Northern Michigan Aquatics, Inc.

3930 Perry Holt Road
West Branch, MI 48661

Employment Application

Applicant Information

Full Name:			Date:		
Last		First		M.I.	
Address:					
Street Address				Apartment/Unit #	
City			State		Postcode
Phone: ()			E-mail Address:		
Date Available:			Desired Salary: \$		
Position Applied for:					
Are you a citizen of United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in United States.?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security No. - -	
If yes, explain:					

Driver Experience & Qualification

Date of Birth _____ The U. S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))

Education

High School:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
University			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please *list three professional* references.

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

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

Previous Employment

Company:	Phone: ()
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone: ()
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone: ()
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:	Date:
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