



**CALUMET ELECTRONICS CORPORATION**

**Application For Employment**

25830 Depot Street, Calumet, MI \* (906) 337-1305 \* FAX (906) 337-5359

[www.CalumetElectronics.com](http://www.CalumetElectronics.com)

EEO

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Street Address/Apt. #

\_\_\_\_\_  
City State Zip Home Phone Cell Phone

Position Applied For: \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Are you available to work any shift? \_\_ 1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ 3<sup>rd</sup>

Shift Preference: \_\_ 1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ 3<sup>rd</sup>

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION:**

	Name and Location of School	Major Studies	Highest Level Completed	Diploma, Degree, License, or Certificate
High School				
College				
Vocational, Business, etc.				
Professional Designation				

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications that may be helpful in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have US Military experience? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

If so, please state citation, date and place where offense occurred.

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**REFERENCES:** List three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

**CURRENT AND FORMER EMPLOYERS:** (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

May we contact the employers listed? \_\_\_\_ Yes \_\_\_\_ No

If not, which one(s)? \_\_\_\_\_

\* \*

**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 affect 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, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is at-will, meaning it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

As a condition of employment, I agree not to commence any action or suit relating to my employment relationship with the Company more than 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statute, which ever is less. Further, I agree to waive any statute of limitation exceeding 301 days.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* 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.

Calumet Electronics Corporation is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Employer Use Only			
Interviewed By: _____	Date: _____	Hired: _____	Yes _____ No _____
Starting Date: _____	Position: _____	Wage: _____	