



520 9th Street
Gwinn, MI 49841
906.226.9747

Application for Employment
An Equal Opportunity Employer

PERSONAL INFORMATION

DATE: _____

NAME: _____ PHONE NUMBER: _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES [] NO [] DO YOU HAVE A VALID MI DRIVERS LICENSE? YES [] NO []
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR
IMMIGRATION STATUS? YES [] NO []
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES [] NO [] IF YES, EXPLAIN: _____

EMPLOYMENT DESIRED

POSITION: _____ [] FULL-TIME WHEN CAN SALARY
[] PART-TIME YOU START: _____ DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? YES [] NO []
IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES [] NO []
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT ARGONICS, INC.? YES [] NO []
IF YES, STATE WHO AND RELATIONSHIP _____
HAVE YOU EVER APPLIED AT ARGONICS, INC. BEFORE? YES [] NO [] IF YES, WHEN? _____
HOW DID YOU HEAR ABOUT ARGONICS? _____

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, NO. OF YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include GRAMMAR SCHOOL, HIGH SCHOOL, COLLEGE, TRADE OR CORRESPOND. SCHOOL.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.): _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE: _____ RANK: _____ NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS

(LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT FIRST)

MONTH/YEAR	NAME AND ADDRESS	TELEPHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH POSITION DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS POSITION? _____

REFERENCES

(LIST BELOW THREE BUSINESS OR PERSONAL REFERENCES)

NAME & JOB TITLE	ADDRESS & TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and if I am employed, my employment may be terminated for falsification of documents.

In consideration of my employment, I agree to conform to the company's rules and regulations, and agree that the company can terminate with or without cause and with or without notice my employment and compensation at any time. I understand that no Argonics representative, other than its President/CEO, and then only when in writing and signed by the President/CEO, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I authorize all parties listed on this application to give information concerning my previous employment, education and/or any other relevant information that may be required for potential employment purposes. I release all such parties from all liability that may result from furnishing such information to Argonics, Inc. I authorize Argonics, Inc. to request and receive such information. I understand that this information will be held in strict confidence.

I acknowledge this application will remain active 180 days from the date it was signed.

SIGNATURE: _____ DATE: _____

Note: All job applicants must sign the application form. If the application form is not signed, the application will be dismissed.
