

EMPLOYMENT APPLICATION

SIGNATURE GROUP OF LIVINGSTON, INC.

DBA / GORDON BUILDERS, RENAISSANCE RENOVATIONS & RENAISSANCE LANDSCAPING
508 E. Grand River, Ste. 100A Brighton, Michigan 48116 Phone: (810) 227-2440 Fax: (810) 227-9949

Signature Group Of Livingston, Inc. is an Equal Opportunity Employer

Date: _____

Social Security Number: _____

Please Print

Name: _____ Telephone: (____) _____
(Last) (First) (Initial)

Address: _____
(Street)

(City) (State) (Zip)

Employment Desired / Personal Information

Position Applied For: _____ Pay Desired: _____

Type of Employment: Full Time Part Time Temporary Summer

Best time to contact you at home is: _____ : _____ AM/PM

Date Available to Start: _____ Hours Available to Work: _____

Are you available for Overtime if necessary?	Yes	No
Are you available for Weekends if necessary?	Yes	No
Can you fully conform to all attendance requirements?	Yes	No
Are you currently employed?	Yes	No
If so, may we contact your current employer?	Yes	No
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No
Are you legally entitled to work in the United States?	Yes	No
If hired, would you have a reliable means of transportation to and from work?	Yes	No
Are you at least 18 years old?	Yes	No

(If under 18, hire is subject to verification that you are of minimum legal age.)

Do you have a current Michigan Driver's License? Yes No Drivers License Number: _____

Do you have a current Commercial Driver's License? Yes No

Do you have any "Points" on your current record? Yes No If so, how many and reason for the points? _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

With regard to the position that you are applying for, please describe your strongest attributes or weaknesses:

Medical Information:

Signature Group Of Livingston, Inc. requires that each employee is physically qualified to perform the tasks required by the job. As a condition of employment each employee may be required to take a physical examination as necessary for the safety and welfare of the employee or fellow employees.

Do you have or have you ever had any of the following?

Epilepsy	Yes	No	Psychiatric or psychological treatment	Yes	No
Diabetes (sugar problems)	Yes	No	Hemophilia or other blood disease	<input type="checkbox"/> Yes	No
Cardiac (heart) disease	Yes	No	Osteomyelitis	Yes	No
Arthritis of the spine	Yes	No	Stiff joints	Yes	No
Loss of vision	Yes	No	Hypoglycemia (sugar problems)	Yes	No
Polio	Yes	No	Muscular dystrophy	Yes	No
Amputation	Yes	No	Thrombophlebitis	Yes	No
Cerebral palsy	Yes	No	Herniated intervertebral disc	Yes	No
Multiple Sclerosis	Yes	No	Back surgery	Yes	No
Parkinson's disease	Yes	No	Allergies	Yes	No
Vascular disorder	Yes	No	Arthritis	Yes	No

Height _____ Feet _____ Inches Weight _____ lbs.

Do you now or have you ever had any physical disabilities, impairment, or handicaps? (If yes, please explain): _____

Have you ever received treatment for a back, neck, knee or head injury? (If yes, please explain): _____

Have you ever had any surgery? (If yes, please explain): _____

Do you now or have you ever suffered from aches or pains of the back? (If yes, please explain): _____

Have you ever had a worker's compensation injury? If yes, did you ever receive any compensation or medical benefits under worker's compensation? (If yes, please explain): _____

Are you currently or have you during the past 3 years been under the care of a physician? (If yes, please explain): _____

In completing and submitting this application, I understand and agree: that any misstatement of the facts will be sufficient reason for immediate withdrawal of this application or in the event of employment, be cause for termination. That my previous employers may be asked for information concerning my employment, character, ability and experience. That no question on this application has been answered in such a manner as to disclose my sex, race, color, religion, or national origin. That if employed, I may be required to furnish proof of age by birth certificate. I agree to abide by all the rules and regulations set forth by Signature Group Of Livingston, Inc. That Signature Group Of Livingston, Inc. shall be entitled to receive reports concerning injury or illness from attending physicians and practitioners. I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits under the Michigan Worker's Compensation Act, and basis for termination of employment. I also understand that my answers will be verified by investigators. I agree that any claim, action or legal proceeding arising out of my employment application, employment or termination of employment with Signature Group Of Livingston, Inc. must be filed within six (6) months of the date of the employment action that is the subject of the claim, action or legal proceeding. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I AGREE TO WAIVE ANY SUCH STATUTE OF LIMITATIONS AND AGREE TO BE BOUND BY THE SIX (6) MONTH PERIOD OF LIMITATIONS STATED HERE IN THIS DOCUMENT.

Date: _____ Applicant's Signature: _____

Education, Training, Experience

Institution	Name and Location	Years Completed - Diploma/Degree
High School	_____	_____
University / College	_____	_____
Vocational / Business	_____	_____
Other	_____	_____

Have you obtained any special skills or abilities as the result of service in the U.S. Armed Forces? Yes No
 If yes, please describe: _____

List any hobbies or special interest you have: _____

Employment History (List most current first.)

Employer: _____ Your Job Title: _____
 Address: _____ Duties: _____

 Phone: _____ Exact Reason for leaving: _____
 Supervisor: _____
 Employment From: _____ To: _____ Was termination Voluntary or Involuntary? Voluntary Involuntary
 Starting Pay: _____ Hourly Monthly Explain: _____
 Ending Pay: _____ Hourly Monthly _____

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