



THE PULPO GROUP

EMPLOYMENT APPLICATION

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name (<i>first, last</i>)			Date	
Address	Apartment/Unit #	City	State	Zip
Phone Number	Email Address			
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to perform all of the essential job functions of the position(s) for which you are applying with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when / where?	How did you hear about this opportunity? Web Posting <input type="checkbox"/> Career Fair <input type="checkbox"/> Walk-in <input type="checkbox"/> Other <input type="checkbox"/> Employee Referral _____			

Desired Employment

Position You Are Applying For	Available Start Date	Desired Pay (<i>hourly/salary</i>)
-------------------------------	----------------------	--------------------------------------

Full Time Part Time Other Describe:

Desired Hours Per week:

Days / Shifts Available:

Education

School Name	Location	Years Attended	Degree Received	Major

Professional References

Name	Title	Company	Phone

Emergency Contact

Name	Phone	Relationship
------	-------	--------------

Employment History

Employer (1)	Job Title	Dates Employed
---------------------	-----------	----------------

Phone	Starting Pay Rate	Ending Pay Rate
-------	-------------------	-----------------

Address	City	State	Zip
---------	------	-------	-----

Name of Supervisor	Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------	-------	---

Description of Duties & Responsibilities

Reason for Leaving

Employer (2)	Job Title	Dates Employed
---------------------	-----------	----------------

Work Phone	Starting Pay Rate	Ending Pay Rate
------------	-------------------	-----------------

Address	City	State	Zip
---------	------	-------	-----

Name of Supervisor	Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------	-------	---

Description of Duties & Responsibilities

Reason for Leaving

Employer (3)	Job Title	Dates Employed
---------------------	-----------	----------------

Work Phone	Starting Pay Rate	Ending Pay Rate
------------	-------------------	-----------------

Address	City	State	Zip
---------	------	-------	-----

Name of Supervisor	Title	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------	-------	---

Description of Duties & Responsibilities

Reason for Leaving

Service Record

Branch

Discharge Date Rank

Present Membership in National Guard/Reserves

Date Obligation Ends

Conviction Record

Have you ever been convicted of a misdemeanor or felony? If yes, please explain. This is not an automatic bar to employment.

Yes No

Additional Information

Please explain any gap in employment lasting 3 months or longer

Signature Disclaimer

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself, or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that

The Pulpo Group is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by The Pulpo Group. I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

NON-DISCRIMINATION POLICY

The Pulpo Group is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of sex, race, color, creed, national origin, age, religion, height, weight, marital status, sexual orientation, gender identity, gender expression, veteran status, or disability Under the Michigan Handicappers' Civil Rights Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed,

This application will be considered for a ninety-day period after its receipt by The Pulpo Group. Should you wish to be considered after the expiration of this period, you must reapply.

Name (Please Print)

Signature

Date