



BAYLOFF IS AN EQUAL OPPORTUNITY EMPLOYER; WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, ANCESTRY, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

5910 BELLEVILLE ROAD BELLEVILLE, MI 48111

PLEASE PRINT

Last Name:		First Name:		Middle:	Today's Date:
Street and/or Mailing Address:				Daytime contact phone numbers:	
City:	State:	Zip:	Email address:		
Position Sought:			How did you learn about Bayloff?		

GENERAL INFORMATION

☐ Yes ☐ No Are you at least 18 years of age?

☐ Yes ☐ No May we contact you via text message and/or email?

☐ Yes ☐ No Are you legally eligible for employment in the United States?

If offered employment, you will be required to provide documentation to verify eligibility

☐ Yes ☐ No Will you now or in the future require a sponsorship?

☐ Yes ☐ No Have you ever been employed with us before?

Dates _____ Job Title _____

☐ Yes ☐ No Do you have a relative or friend employed with us? If "yes," who? _____

☐ Yes ☐ No May we contact your present employer?

☐ Yes ☐ No Have you ever been convicted of a felony? If "yes," please briefly explain.

☐ Yes ☐ No Were you in the U. S. Armed Forces? If "yes," please briefly describe your duties and any job-related training.

Available date to start: _____

Desired Rate of Pay: _____

Are you available to work:

☐ Yes ☐ No Day shift?

☐ Yes ☐ No Full time?

☐ Yes ☐ No Afternoon shift?

☐ Yes ☐ No Part time?

☐ Yes ☐ No Midnight shift?

☐ YES ☐ NO MANDATORY AS NEEDED FOR OVERTIME ON SATURDAYS AND SUNDAYS?

EDUCATION

	Name & Location of School	Check Year Completed	Degree or Diploma	Course of Study
High School		9 10 11 12		
College		1 2 3 4		
Trade or Professional				

SPECIAL SKILLS OR QUALIFICATIONS

Please summarize special job-related skills you have acquired from employment, training or other experiences.

EMPLOYMENT HISTORY Shaded areas are required. If attaching resume that provides information requested in other boxes, you may leave those boxes blank. List employers chronologically beginning with most recent.

CURRENT Employer:		Job/Position Title:		Supervisor's Name:
Address: Street/P.O.		From:	To:	Duties:
City/State/Zip		Starting Wage:		
Phone:		Final Wage:		Reason for Leaving (If terminated, why?)

Previous Employer:		Job/Position Title:		Supervisor's Name:
Address: Street/P.O.		From:	To:	Duties:
City/State/Zip		Starting Wage:		
Phone:		Final Wage:		Reason for Leaving (If terminated, why?)

Previous Employer:		Job/Position Title:		Supervisor's Name:
Address: Street/P.O.		From:	To:	Duties:
City/State/Zip		Starting Wage:		
Phone:		Final Wage:		Reason for Leaving (If terminated, why?)

Previous Employer:		Job/Position Title:		Supervisor's Name:
Address: Street/P.O.		From:	To:	Duties:
City/State/Zip		Starting Wage:		
Phone:		Final Wage:		Reason for Leaving (If terminated, why?)

Previous Employer:		Job/Position Title:		Supervisor's Name:
Address: Street/P.O.		From:	To:	Duties:
City/State/Zip		Starting Wage:		
Phone:		Final Wage:		Reason for Leaving (If terminated, why?)

REFERENCES

Name	Occupation/Title	Relationship	Phone Number

APPLICANT'S ACKNOWLEDGEMENT/PRE-EMPLOYMENT STATEMENT

Background Check and Release of Information:

I certify that the answers given in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application, resume, or interview(s) may result in discharge and/or legal action.

Need for Accommodation:

If I have a disability that requires accommodation to do my job, I must notify Bayloff Stamped Products (BSP) of that need, in writing, within 182 days after I know or reasonably should have known that I needed accommodation. Failure to do so will bar me from alleging that BSP failed to accommodate me under Michigan (but not federal) law.

Policies and Procedures:

I understand that if employed, I am required to abide by all rules and regulations of BSP and any special agreements reached between BSP and myself. I understand and agree that any employment offer I might receive is contingent upon execution of the Confidentiality Agreement, INS Form I-9 and this application. I further agree to wear or use, when prescribed by BSP, safety equipment or protective devices and to comply with all health and safety rules and reporting requirements.

Terms and Conditions:

I hereby understand and acknowledge that, unless otherwise defined applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

All applicants must pass a drug test before beginning work. Refusal to submit to testing will result in disqualification of further employment consideration.

This application shall be considered active for no more than 30 days. After that time, applicants may inquire if applications are being accepted and reapply. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

Limitation of Claims:

If hired, in consideration of my employment, I agree to abide by the rules and policies of BSP, including any changes that may occur from time to time. I agree that any lawsuit or claim against BSP arising out of my employment or termination of employment (including but not limited to, claims arising under state, federal, or local civil rights laws) must be brought within the following time limits or forever be barred; (a) for lawsuits requiring a Notice of Rights to Sue from the Equal Employment Opportunity Commission, within 90 days after the EEOC has issued that notice; or (b) for all other lawsuits, within (I) 180 days of the event(s) giving rise to the claim or (II) the time limited specified by the statute, whichever is shorter. I waive any statutes of limitations that exceeds this time limit.

Confidential Agreement:

I also understand and agree that I will not disclose or use any and all of BSP's confidential and proprietary information that I may acquire in the course of the recruitment process, in the course and scope of my employment, as well as after my employment with Bayloff Stamped Products.

Direct Deposit:

I fully agree, without fear or intimidation, coercion, or reprisal, to have any compensation that I receive directly deposited into the bank, credit union, or savings and loan association of my choice.

Applicant's signature: _____ Date: _____

-DO NOT FILL OUT ANYTHING IN BOX BELOW- (HR USE ONLY)

DOB: _____

SSN: _____

Veteran: _____

EEO: _____

Marital Status: _____