

REFERENCES

Name	Address And Phone	Business	Years Acquainted
1			
2			
3			

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? **YES** **NO**

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

AUTHORIZATION AND UNDERSTANDING

UPON THE SIGNING OF THIS APPLICATION, I REPRESENT THAT ALL OF THE INFORMATION NOW OR HEREAFTER GIVEN BY ME IN SUPPORT OF MY APPLICATION IS TRUE AND COMPLETE. I AUTHORIZE YOU TO VERIFY ANY OF THE INFORMATION CONCERNING MY BACKGROUND, INCLUDING BUT NOT LIMITED TO, MY EMPLOYMENT, DRIVING RECORD, EDUCATION, CRIMINAL HISTORY, OR MEDICAL HISTORY (POST-OFFER ONLY), WITH THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES, AND I AUTHORIZE THEM TO RELEASE SUCH INFORMATION AS YOU REQUIRE, INCLUDING MY PRIOR DISCIPLINARY EMPLOYMENT RECORD, WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I ALSO AUTHORIZE YOU TO RELEASE ANY INFORMATION REQUESTED BY ANY OF MY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE YOU AND THEM FROM ANY LIABILITY WHATSOEVER AS A RESULT OF ANY SUCH INQUIRIES AND DISCLOSURES AND THIS RELEASE FROM LIABILITY DOES NOT WAIVE OR PROHIBIT AN INDIVIDUAL FROM FILING A CHARGE OF DISCRIMINATION UNDER THE LAWS ENFORCED BY THE EEOC. I AGREE THAT ANY FALSE INFORMATION IN SUPPORT OF MY APPLICATION MAY SUBJECT ME TO DISCHARGE AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I AGREE THAT ANY ACTION OR SUIT AGAINST THE EMPLOYER, ITS CUSTOMERS OR EMPLOYEES, ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, CLAIMS ARISING UNDER STATE, BUT NOT FEDERAL, CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED UNLESS THE APPLICABLE STATUTE OF LIMITATIONS PERIOD IS SHORTER THAN 180 DAYS IN WHICH CASE I WILL CONTINUE TO BE BOUND BY THAT SHORTER LIMITATIONS PERIOD. I WAIVE ANY LIMITATION PERIODS TO THE CONTRARY. I FURTHER AGREE THAT IF I SHOULD BRING ANY NON-STATUTORY ACTION OR CLAIM ARISING OUT OF MY EMPLOYMENT AGAINST THE EMPLOYER, IN WHICH THE EMPLOYER PREVAILS, I WILL PAY TO THE EMPLOYER ANY AND ALL SUCH COSTS INCURRED BY THE EMPLOYER IN DEFENSE OF SAID CLAIMS OR ACTIONS, INCLUDING ATTORNEY FEES. I UNDERSTAND AND AGREE THAT, IF HEREIN MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLES OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

IF HIRED, I UNDERSTAND THAT I WILL SERVE AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED BY THE COMPANY OR BY ME, WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, AT ANY TIME AND FOR ANY REASON. NO ORAL OR WRITTEN REPRESENTATION TO THE CONTRARY HAVE BEEN MADE TO ME. I UNDERSTAND THAT THIS AGREEMENT MAY BE ALTERED ONLY BY THE PRESIDENT OF THE COMPANY, AND THEN ONLY IN A WRITTEN DOCUMENT ADDRESSED TO ME INDIVIDUALLY AND SIGNED BY THE PRESIDENT. I WILL CONSIDER ANY PAST OR FUTURE REPRESENTATION CONTRARY TO THE ABOVE TO BE NULL AND VOID.

DATE: _____ **SIGNATURE:** _____

Date _____

Most Recent Employer's Name And Address

I am hereby requesting a copy of my employment record under the ***Bullard Plawecki Right to Know Act***, M.C.L.A. 423.503, *et seq.* Please forward the records to the following:

Hatch Stamping Company
Attn: Human Resources
635 E. Industrial Dr.
Chelsea, MI 48118

I understand that I may be charged for these records, and agree to pay the cost allowed by law.

Yours truly,

Sign Name _____

Print Name _____

