



Application for Employment or Subcontracted Labor

ALL POTENTIAL EMPLOYEES OR SUBCONTRACTORS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. AMERI PRO RESTORATION, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICANT INFORMATION					
Print Name: Last		First	Middle Initial	Other Last Names (if any)	Today's Date
Address (Street Name and Number)			City	State	Zip
Phone		Cell / Alternative		Email	
Your Company Name (if Any)		Tax ID # (if Any)	Driver's License Numbe	Issuing State?	What Position Are You Applying for?
Desired Wage/Salary		Date Available to Start	How Did you learn about the position?		
Are You A US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are You Authorized to Work In the US? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have You Ever Worked for This Company Before? If Yes, When? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have You Ever Been Convicted of a Felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Please Explain:			
Have You Served in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES" what dates? From _____ To _____		Type of Discharge? <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable	
Location Applying for: <input type="checkbox"/> Comstock Park <input type="checkbox"/> Grand Ledge <input type="checkbox"/> Both		Desired Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On-Call Only <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
WORK AVAILABILITY / TRAVEL (NOTE: We are in the Emergency Service Profession)					
If needed would you be willing to do the follow: Please check what you are willing and able to work: <input type="checkbox"/> Overtime <input type="checkbox"/> On-Call <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays					
Which of the following counties are you willing and able to travel (company vehicle provided 90% of the time) <input type="checkbox"/> Allegan <input type="checkbox"/> Barry <input type="checkbox"/> Calhoun <input type="checkbox"/> Clinton <input type="checkbox"/> Eaton <input type="checkbox"/> Gratiot <input type="checkbox"/> Ingham <input type="checkbox"/> Ionia <input type="checkbox"/> Jackson <input type="checkbox"/> Kalamazoo <input type="checkbox"/> Kent <input type="checkbox"/> Livingston <input type="checkbox"/> Livingston <input type="checkbox"/> Muskegon <input type="checkbox"/> Ottawa <input type="checkbox"/> Shiawasse					
SUBCONTRACTOR SECTION					
Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Workmens Comp? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you provide a W-9 if hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, you can download a Blank W-9 from the IRS site. https://www.irs.gov/pub/irs-pdf/fw9.pdf					
EDUCATION INFORMATION					
School Name	Location	Years Attended	Received a Degree?	Major	
REFERENCES (Please List a Minimum of 3 References – Not Related to You)					
Full Name	How Do You Know	Phone	Address/Location		
PROFESSIONAL LICENSES & CERTIFICATIONS (Please List any licenses or certifications that you may have)					
Type of License/ Certifications	Issuing Body or Agency	License/Certification #	Status Check One (A=Active L=Lapsed S=Suspended R=Revoked O=Other) <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> O _____		
			Status Check One (A=Active L=Lapsed S=Suspended R=Revoked O=Other) <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> O _____		
			Status Check One (A=Active L=Lapsed S=Suspended R=Revoked O=Other) <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> O _____		

EMPLOYMENT HISTORY				
Employer Name		Job Title	Start Date	End Date
Address (Street Name and Number)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving?		
EMPLOYMENT HISTORY				
Employer Name		Job Title	Start Date	End Date
Address (Street Name and Number)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving?		
EMPLOYMENT HISTORY				
Employer Name		Job Title	Start Date	End Date
Address (Street Name and Number)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving?		

As an applicant for a position or an employee with the Ameri Pro Restoration, LLC., I understand the need for the organization to complete a background investigation which may include a consumer, credit, motor vehicle report, format education transcripts, and/or criminal report. These reports may occur prior to hire or throughout my employment with the Ameri Pro Restoration, LLC. These inquires may include information as to character, general reputation, personal to the Ameri Pro restoration, LLC. Within a reasonable period of time for additional information concerning the nature and scope of any investigation conducted.

I have also been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, motor vehicle record, and police records, to determine any and all information, excluding medical information, which is or may be pertinent to my qualifications for employment. (initial)_____

I hereby authorize any organization or individual contacted to provide any and all information, of record or not, and release any individual member of the organization and all persons, agencies, accompanys and firms from any damages that may result from providing such information. (initial)_____

I give Ameri Pro Restoration, LLC the authority to investigate all the information presented in this application and the authority to obtain additional job related information. I agree to release from all liability all individuals or organizations Ameri Pro Restoration, LLC may contact to obtain this information. I understand that due to the nature of the jobs at Ameri Pro Restoration, LLC an investigative consumer report may be made whereby information is obtained through interviews with various third parties. These inquires may include information as to criminal, credit, character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand I have the right to make a written request to Ameri Pro Restoration, LLC, within a reasonable period of time for additional information concerning the nature and scope of any investigation conducted. I also acknowledge receipt of the previous statement regarding investigative consumer reports. (initial)_____

I understand that this application will remain active for consideration for six (6) months (180 days). If at the conclusion of this period, I want Ameri Pro Restoration, LLC to continue to consider me for employment, I must reapply. (initial)_____

I understand that Ameri Pro Restoration, LLC is an employer at-will and that I have the right to terminate my employment with Ameri Pro Restoration, LLC; likewise, Ameri Pro Restoration, LLC reserves the right to terminate my employment at any time. I understand that no one in the organization, except the president and only when in writing, signed, and dated by both parties, can enter into an employment contract, either written or verbal. (initial)_____

I understand that as a condition of employment I agree to comply with Ameri Pro Restoration, LLC' employee policies and work rules, including but not limited to its emergency call in, attendance, substance abuse, confidentiality and conflict of interest policies. (initial)_____

I understand that as a condition of employment I agree not to commence any action or suit relating to my employment relationship with Ameri Pro Restoration, LLC beyond six (6) months (180 calendar days) after the date of the event or the date of termination of employment. I also agree to waive any statute of limitation to the contrary. (initial)_____

I understand that my employment will not be considered unless this application is completed in its entirety. (initial)_____

I attest that the information presented in this application is correct and accurate to the best of my knowledge. I understand that if the information is found to be a misrepresentation, it will be sufficient cause to cancel this application for consideration of employment or for termination of employment.

Signature of Applicant

Date