



41500 Mound Road, Sterling Heights, MI 48314
Careers@Ric-Man.com
(586) 739-5210

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, maritime veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL

Name _____ Date Of Application _____

Address _____

Telephone Number [] _____ Are you 18 years old or older? Yes _____ No _____

Are you a U.S. Citizen? Yes _____ No _____ Social Security Number _____ - _____ - _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ if yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes _____ No _____ if yes, date(s) _____

List any friends or relatives working here _____

List any software experience here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full Time _____ Part Time _____ Other _____

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law, only, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for an accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual right under the Americans with Disabilities Act. Failure to properly notify the company may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE

(List current or most recent job first)

Employer	Date (Year)		Work Performed
Address, City, State, Zip	From	To	
Phone Number (with area code)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	\$	\$	

Employer	Date (Year)		Work Performed
Address, City, State, Zip	From	To	
Phone Number (with area code)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
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Phone Number (with area code)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	\$	\$	

EDUCATION

	Name/Location	Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Supervisor				
Vocational/Training				

Any other educational training

REFERENCES

[Do not include relatives or former employers]

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes _____ No _____ If yes, date obligation ends _____

Special/technical training

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes _____ No _____

If so, where when and nature of offense

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate Race, color, religion, sex, national origin, handicap, marital or veterans status, height, weight or age.

State any additional information that you feel may be helpful to us in considering your application.

IN CASE OF EMERGENCY

 [Person(s) to be notified in the event of an accident or emergency]

Name	Address, City, State, Zip	Home Phone
Relationship		Work/Cell Phone
Name	Address, City, State, Zip	Home Phone
Relationship		Work/Cell Phone

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 employment, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions and 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 nor 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 either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the company to deduct from each and every pay period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the company, its agents 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. 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 company, in which the company prevails, I will pay to the company any and all such costs incurred by the company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the result of my post-offer physical [if such physical is required] are known.

Signature _____ Date _____



FOR INTERVIEWER'S USE

Interviewed by _____ Date _____

Comments

Interviewed by _____ Date _____

Comments

Interviewed by _____ Date _____

Comments

HIRED:

Yes _____ Starting Date _____ Department _____ Job Title _____

No _____ Comments

APPROVED:

_____ Name _____ Title _____ Date _____

_____ Name _____ Title _____ Date _____

_____ Name _____ Title _____ Date _____

Updated on 1/14/2025

