

NAME _____

DATE _____

APPLICATION FOR SALARIED EMPLOYMENT



LABELLE MANAGEMENT
Since 1948

Human Resources Department
LaBelle Management
405 S. Mission
Mt. Pleasant, MI 48858
labellemgt.com
(989) 772-2902
FAX (989) 773-7521

LaBM is an Equal Opportunity Employer

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 judgement, 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, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL DATA (Please Print or Type)

Name _____	
Address _____	How Long? _____
Street	City State Zip Code
Previous Address _____	
Street	City State Zip Code
Social Security Number _____	Daytime Phone () _____
Ideal time to contact _____	Evening Phone () _____
Driver's License Number _____	State _____
Position for which you are applying _____	
Annual salary expected _____	Date available for employment _____
Have you previously applied to LaBelle Management? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, when: _____	
Have you previously been employed by LaBelle Management? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give dates and locations: _____	
Do you have any relative previously or presently employed by LaBelle Management? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give details: _____	
How were you referred to LaBelle Management? _____	
Have you been convicted of a felony since the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain: _____	
Are you a United State Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, are you eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you willing to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, what are your geographic preferences? _____	
Preference: <input type="checkbox"/> Quick Service: The Pixie, Big Apple Bagels	<input type="checkbox"/> Hotel/Banquet: Comfort Inn, Fairfield Inn, Grand Beach, Holiday Inn, Super 8
<input type="checkbox"/> Full Service, Family Dining: Big Boy	<input type="checkbox"/> No Preference
<input type="checkbox"/> Steakhouse: Ponderosa	
<input type="checkbox"/> Casual Theme: Bennigan's, Italian Oven	
Hobbies and Interests: _____	

Have you ever been fired or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> No If so, list dates and explain: _____	

Additional Information

Please indicate experience and skill which especially qualify you for a position with LaBelle Management: _____

Summarize your most recent job responsibilities: _____

What do you enjoy most about your most recent assignments: _____

What part(s) of it appeal the least? _____

What career goals have you set for yourself? _____

What personal goals have you set for yourself? _____

As you view yourself, what do you consider your strengths? _____

What are your possible weaknesses? _____

Who was your best supervisor? _____ Explain: _____

What type of supervision will bring out the best in you? _____

What individual had the most influence in shaping your career? _____

Explain: _____

What do you feel you have been able to accomplish in your chosen field of work? _____

Please write any additional information you wish us to consider. _____

EMPLOYMENT HISTORY

List names and addresses of previous employers. Start with present or most recent employer and account for all periods of time. Include military service. Please complete this entire section even though you may have submitted a resume. Attach an extra sheet if additional space is needed.

Employer's Name and Address	Employment Data	Reason for Leaving	Month & Year Employed
	Your Position Held		From To
	Supervisor's Name		
	Starting Salary		
Phone ()	Ending Salary		
Explanation of Responsibilities:			

Employer's Name and Address	Employment Data	Reason for Leaving	Month & Year Employed
	Your Position Held		From To
	Supervisor's Name		
	Starting Salary		
Phone ()	Ending Salary		
Explanation of Responsibilities:			

Employer's Name and Address	Employment Data	Reason for Leaving	Month & Year Employed
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Explanation of Responsibilities:			

Employer's Name and Address	Employment Data	Reason for Leaving	Month & Year Employed
	Your Position Held		From To
	Supervisor's Name		
	Starting Salary		
Phone ()	Ending Salary		
Explanation of Responsibilities:			

Please note AGREEMENT section on the last page.

EDUCATION

SCHOOL NAME AND ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				GRADUATED	
HIGH SCHOOL OR G.E.D.		1	2	3	4	YES	NO
COLLEGE	MAJOR	1	2	3	4		
	MINOR						
OTHER	MAJOR	1	2	3	4		
	MINOR						
DO YOU HAVE ANY DEFINITE PLANS TO CONTINUE YOUR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE DESCRIBE: _____					
HAVE YOU TAKEN ANY OTHER SPECIALIZED COURSES/SEMINARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE DESCRIBE: _____					

AGREEMENT

Management Applicant: We are committed to disclose the following information to you. Please read, initial each section, sign and date below, signifying your understanding and acceptance.

_____ **AT WILL EMPLOYMENT**

I understand and acknowledge that if hired by the Company, I agree that my employment with the Company is at the will of the Company and only so long as the Company asks me to remain an employee, and that the employment arrangement between my self and the Company may be terminated by either party at any time and for any reason or no reason. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff and it may be changed only by agreement in writing signed by the Company.

I agree that any action or suit against the firm arising out of my employment, including, but not limited to, claims arising under State or 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 action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.

_____ **REFERENCE CHECKING**

I authorize this company to contact all sources necessary to verify this information. I release all persons providing a reference for me from any liability related to the references.

_____ **BACKGROUND CHECKING**

I authorize the release to INTELLICORP, an independent contract agency, information held by parties regarding my previous employment, my record of convictions for violations of any federal, state, local statutes or ordinances, my credit history, driving record. I release any said persons, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed initially and periodically by INTELLICORP, and reported to my employer and/or prospective employer.

_____ **DRUG TESTING**

I understand that the Company has a policy against the possession, use, sale or transfer of illegal drugs by its employment applicants and employees. I further understand that the Company is committed to a drug-free work force and has adopted a drug testing program as one method of implementing that policy.

I consent to the taking of my hair samples by the Company or its agents for purposes of the above drug testing program and to the testing of samples by the laboratory designated by the Company. I release and discharge the Company, its officers and agents from any claim or liability arising from such test including the testing process and procedures, the analysis and disclosure of the results.

I consent to the release of any test reports on such samples or other related medical information from the Laboratory to the Human Resources personnel of the Company and to the use of all such reports or other information in the Company's assessment of my employment application and/or employment status. I release the Laboratory, its officers, employees, agents and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my test results.

If I should refuse to participate or should the test results be positive, it will be cause for rejection of my application. If the initial results are positive and I choose to be retested, an opportunity for a retest will be available, providing I request a retest within three days of receipt of the results at my own expense. If the results from the retest indicate no level of drug use, I may then be offered employment and will be reimbursed for the retest.

I understand that the Company implements as a condition of employment, an employee drug testing program and that the Company reserves the right to drug test at any time during the course of employment.

_____ **FALSIFICATION**

I represent that each answer to each question herein and all other information otherwise furnished by me is true and correct. I understand that omission or falsification of information may result in refusal to hire or termination at any time.

_____ **SIGNATURE**

_____ **DATE**

I have discussed the above information with the applicant and feel the applicant understands all the statements. Applicant reviewed essential functions for position and can perform without accommodation. (If accommodation requested, description of request is written below.)

_____ **SIGNATURE OF COMPANY REPRESENTATIVE**

_____ **DATE**

