

Dore Corporation

825 East Beaver Road

Kawkawlin, MI 48631

Phone 989-667-9099 Fax 989-667-9095

Application of Employment

We are pleased that you are seeking employment with Dore Corporation. Applicants are considered without regard to race, color, religion, sex, age, sexual orientation or national origin, or any factor prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

Personal

Last Name: _____ First: _____ Middle Initial: _____

Street Address _____

City, State, Zip _____

Phone Numbers: Day: _____ Evening: _____

In case of an emergency, please notify: _____ Phone #: _____

Please list all names you have used in the past:

Have you ever been employed at our Company?

Yes Date of hire: _____ Location: _____ No

How were you referred to our Company? Advertisement Employee Other: _____

Have you ever applied for employment at our Company? Yes Date: _____ No

If hired, do you have a means of reliable transportation to work? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a felony? Yes No

If so, what? _____

Employment Desired

Position: _____ Date Available: _____ Salary Desired: \$ _____ per _____

Are you interested in Temporary Full-time Part-Time

What hours are you available to work? _____

What hours are you not available to work? _____

Are you willing to work overtime if needed? Yes No

Are you willing to work weekends? Yes No Holidays? Yes No

List any friends or relatives employed by this Company _____

Are you able to lift at least 30 pounds for stocking purposes? _____

Education

List highest level of high school completed 1 2 3 4 GED

List highest level of college/technical completed 1 2 3 4

Are you currently a student? Yes No

Experience

List your last 5 employers, starting with the most recent (go back 10 years), including military service.
Attach separate sheet if necessary.

May we contact your current employer? Yes No

Employer Name: _____ Address: _____

Phone Number: _____ Position _____

Dates Employed: From _____ To _____ Pay Rate: Start \$ _____ Finish \$ _____

Reason for Leaving _____

.....

Employer Name: _____ Address: _____

Phone Number: _____ Position _____

Dates Employed: From _____ To _____ Pay Rate: Start \$ _____ Finish \$ _____

Reason for Leaving _____

.....

Employer Name: _____ Address: _____

Phone Number: _____ Position _____

Dates Employed: From _____ To _____ Pay Rate: Start \$ _____ Finish \$ _____

Reason for Leaving _____

.....

Employer Name: _____ Address: _____

Phone Number: _____ Position _____

Dates Employed: From _____ To _____ Pay Rate: Start \$ _____ Finish \$ _____

Reason for Leaving _____

Employer Name: _____ Address: _____

Phone Number: _____ Position _____

Dates Employed: From _____ To _____ Pay Rate: Start \$ _____ Finish \$ _____

Reason for Leaving _____

.....

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, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as your 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 disclosures. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. 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, or I further agree that this arrangement may only be altered in writing direct to me personally and signed by the President of the company. I agree that I shall be bound by the other rules, polices, 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 period of my pay any amounts necessary offset any damages caused by me or the value of property or money entrusted to me by, or owed me to the company during the course of my employment.

I agree that any action or suit against the company arises out of my employment or termination of 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 non-statutory action or claim arising out of my employment against the company, in which the company prevails, I will pay 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 results of my post-offer physical (if such physical is required) as known.

Signature

Date