

AmericanMedic-APure-Success Products USA, Inc.

USA/Canada Operations: P.O. Box 12013, Lansing, MI 48901-2013 (517) 367-2787, Fax: 517/ 367-8888

Employment Application

Name (last, first, initial):		Social security number:		
Address:	Apt no	City,	State	Zip
Day telephone	Night Telephone	Fax:		
Position Desired:	Date you can start	Salary Desired		
Are You currently employed?		If so may we inquire of your present employer		
Have you ever applied to this company before?		Where?	When	

Education	Name & location of school	* No of years attended	* Did you graduate	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence school				

General Subjects of special study or research work

Former Employers [List below last four employers, starting with last one first]

Date [Month/Year]	Name and Address of Employer	Salary	Position	Reason for leaving
Fr: To:				
Fr: To:				
Fr: To:				
Fr: To:				

References: Give the names of three persons not related to you, whom you have known at least one year

Name	Address	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 limitation - use additional paper to elaborate if necessary.

In case of emergency notify: Name: Address Phone:

AI CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.
 I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Date:

Signature: