



Have you been convicted of or pled “no contest,” “nolo contendere” or “guilty” to a felony at any time?

Yes  No

Are you currently waiting trial or other disposition of a felony charge in connection with which you are currently out on bail or on your own recognizance?  Yes  No If “yes” to either question, please explain:

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Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant’s age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.

**EDUCATION**

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree				
Describe Course Of Study				
Honors Received				
Describe Specialized Trainings, Apprenticeship, Skills and Extra-Curricular Activities				

**EMPLOYMENT EXPERIENCE**

List all jobs in order starting with your present or last job. Include military service assignments and volunteer activities in which you received job experience. You may exclude organization names which indicate race, color, religion, gender, national origin, age, disability or other protected status.

Employer	Telephone	Dates From	To	Work Performed
Address				
Job Title		Hourly Starting	Final	
Supervisor		\$	\$	
Reason For Leaving				
Employer	Telephone	Dates From	To	Work Performed
Address				
Job Title		Hourly Starting	Final	
Supervisor		\$	\$	
Reason For Leaving				

Employer	Telephone	Dates From	To	Work Performed
Address				
Job Title		Hourly Starting	Final	
Supervisor		\$	\$	
Reason For Leaving				
Employer	Telephone	Dates From	To	Work Performed
Address				
Job Title		Hourly Starting	Final	
Supervisor		\$	\$	
Reason For Leaving				

You must attach a separate sheet if you have been employed by any other employer not listed above.

**SPECIAL SKILLS AND QUALIFICATIONS**

1. Summarize special skills and qualifications acquired from employment, military or other experience.
2. Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation?      Yes      No
3. State any additional information you feel may be helpful to us in considering your application.

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THE APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

    /    /  
\_\_\_\_  /  \_\_\_\_  
DATE

I Agree              I do not agree

**APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT OF  
CONDITIONS OF EMPLOYMENT**

1. I understand this application will be considered current for 90 days and that a new application must be completed for further consideration after 90 days.
2. In consideration of any employment of me by Abednego Environmental Services, LLC (“Company”), I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. 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 that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
3. I further recognize that if employed by the Company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 9 below. **I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.**
4. I understand that any offer of employment made to me by the Company is contingent upon health evaluation, which may include a physical examination (including drug screening) by a doctor selected by the Company, indicating that I can perform the function of the position with or without an accommodation. I agree to complete a health evaluation form.
5. I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.
6. I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.
7. I understand that the Company will reasonably accommodate, as required by law, disabled employees. Under Michigan law, but not federal law, I have 182 days from the date I know or reasonably should know that an accommodation is needed to request, in writing, an accommodation. .
8. I certify that all information submitted by me in any application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.

9. ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), provided all substantive rights and remedies including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS. I UNDERSTAND THAT THIS ARBITRATION PROVISION CONSTITUTES A BINDING AGREEMENT BETWEEN ME AND THE COMPANY THAT CAN ONLY BE CHANGED BY MUTUAL WRITTEN AGREEMENT BETWEEN ME AND THE COMPANY.

10. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

11. Should any claim fall outside the scope of the arbitration provision above, I agree not to commence any lawsuit relating to my employment or the termination of my employment with the Company more than six (6) months after the date of termination of my employment and to waive any statute of limitation contrary. However, I understand that I will have the right to pursue a federal EEOC claim and to act on any right to sue letter that is issued by an agency in the manner prescribed by law.

12. I agree to return all company assets, upon my separation from the company and I authorize the company to withhold paychecks, vacation pay or to make payroll deductions to cover the cost of unreturned assets.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME DATE

I certify that I have read, fully understand and accept all terms of the foregoing application.

I agree                      I do not agree

**Abednego Environmental Services, LLC**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

1. I hereby authorize all corporations, companies, organizations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and government entities, military services and persons to release any and all information they may have about me to the person or Company with which this form has been filed, or their agents, and release all such parties involved from any liability for doing so.
2. I hereby authorize the procurement of an investigative consumer report and understand that it may contain information about, among other things, my background and reputation including but not limited to information relating to my credit, criminal, civil litigation, education and employment histories. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested at any time during my employment without notice. Further information may be available upon written request within a reasonable period of time.
3. I authorize the custodian of my military records to release to Abednego Environmental Services, LLC, or its agents, information or photocopies of my military personnel and related medical records.

Military Branch: \_\_\_\_\_

Service #: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
NAME

I certify that I have read, fully understand and accept all terms of the foregoing application.

I agree

I do not agree

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE