



23751 Gratiot Ave., Eastpointe, MI 48231 Ph: 586-775-3770
E-Mail: pat.drewsgarden@gmail.com

Employment Application

Full Name: Date:

Last First M.I. _____

Address:

Street Address Apartment/Unit # _____

City State ZIP Code _____

Phone: _____

Email _____

Date Available: _____

Hourly Pay Rate Requested _____

Position Applied for: _____

Are you a citizen of the United States?

YES NO

If no, are you authorized to work in the U.S.?

YES NO

Have you ever worked for here before?

YES NO

If yes, when? _____

Have you ever been convicted of a felony?

YES NO

If yes, explain: _____

High School: _____

Address: _____

From: _____

To: _____

Did you graduate? YES

NO

College: _____

Address: _____

From: _____

To: _____

Did you graduate? YES

NO

Degree: _____

Other: _____

Address: _____

From: _____

To: _____

Did you graduate? YES

NO

Degree: _____



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Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Most Recent Employer-
Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment Company: _____ Phone: _____

Address: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my
application or during my interview may result in my release*

Signature: _____ Date: _____



NEW HIRE ONLY

EMPLOYMENT APPLICATION

Please ensure that this document is completed in its entirety.

Employee Start Date: _____

Position: _____

CHECK LIST and REQUIRED Documents

The following documents are required to hire and have the new employee begin working. No employee is allowed to begin work until all documents have been received for the new employee.

PLEASE HAVE THE NEW EMPLOYEE COMPLETE THE FOLLOWING AND FAX ALL TO 586-775-6420 OR E-MAIL TO: pat.drewsgarden@gmail.com

- _____ This Form
- _____ ADP Direct Deposit Form
- _____ Copy of Drivers' License or State ID*
- _____ Copy of Social Security Card or Birth Certificate*
- _____ Federal W4

*A U.S. Passport is acceptable and if that is provided, a Drivers License or State ID and Social Security Card or Birth Certificate are not required.

EMPLOYEE INFORMATION

(To be completed by the New Hire)

PRINT ONLY

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

DRIVERS LICENSE (OR STATE ID) #: _____ EXPIRES: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

Have you ever been convicted of a misdemeanor or felony? _____

Are you willing to submit to any and all drug testing? _____

Are you able to provide proof of U.S. Citizenship? _____

Are you able to work legally in the U.S. and provide proof? _____

Are you able to provide a current resume and past work history? _____

(Please include resume with all your paperwork)

Employee Signature: _____ **Date:** _____



EMPLOYMENT APPLICATION

By signing your name, you attest to the information listed on this application as being accurate and correct. Should you become employed, and it is discovered that any information provided herein is false or not accurate, it may and can be sued as reason for disciplinary action that could include immediate termination of your employment with us. NOTE: Company complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a candidate for hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. No applicant will be denied employment solely on the grounds of conviction for a criminal offense. The date of the offense, the nature of, including any significant details and surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.



Employee Information Worksheet

*Required Field

*Name (First, Last) _____

*Address _____

*Social Security # _____

*Marital Status _____

*Dependents _____

*Date of Birth _____

*Rate of Pay _____

*Hire Date _____

Direct Deposit information (if applicable)

Checking

Savings

Account # _____

Account # _____

Routing # _____

Routing # _____

Entire Net Pay

Entire Net Pay

Dollar Amount _____

Dollar Amount _____