



# Star of the West Milling

## APPLICATION FOR EMPLOYMENT

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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 judgment, best meets your qualifications. Please complete this application in its entirety using ink.

We are an Equal Opportunity Employer and will not discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

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### **PERSONAL**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of application \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

Telephone Number \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you authorized to work in the United States of America?  
(Not Applicable in California)

Yes  No

Have you previously been employed by Star of the West?

Yes  No

If yes, date(s) \_\_\_\_\_ Supervisor's Name(s) \_\_\_\_\_

Have you filed an application here before?

Yes  No

If yes, date(s) \_\_\_\_\_

List any friends or relatives working here? \_\_\_\_\_

### **EMPLOYMENT DESIRED**

Position(s) applying for? \_\_\_\_\_

Kind of work sought: Full time  Part time  Other \_\_\_\_\_

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary Desired \_\_\_\_\_

Date available to work \_\_\_\_\_

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In compliance with, but not limited to the "MICHIGAN PERSONS WITH DISABILITY CIVIL RIGHTS ACT (MPDCTA)" formally the "Michigan Handicapped Civil Rights Act." Act 210.18 A person with a disability may allege a violation against a person regarding a failure to accommodate under this article only if the person with a disability notifies the person in writing of the need to accommodate within 182 days after the date the person with a disability knew or reasonably should have known that the accommodation was needed.

**EMPLOYMENT EXPERIENCE**

(List current or most recent job first)

1	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Rate of pay / per		
		Starting	Final	
	Supervisor			
	Reason for leaving			Is it ok to contact this employer?
2	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Rate of pay / per		
		Starting	Final	
	Supervisor			
	Reason for leaving			Is it ok to contact this employer?
3	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Rate of pay / per		
		Starting	Final	
	Supervisor			
	Reason for leaving			Is it ok to contact this employer?

**EDUCATION**

	Name/Address	Years Completed	Diploma Degree	Course of Study
Elementary				
High School				
College				
Graduate				
Vocational Training				

Name used while attending school, if different than on the application. \_\_\_\_\_

\_\_\_\_\_

Any other Educational Training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National guard?

Yes  No  If yes, what branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Are You in the reserves? Yes  No

Special/Technical training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you been convicted of a Felony Crime or have charges pending against you? Yes  No

If so, when, where and what is the nature of the offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any felony charges pending against you, please explain when, where and the nature of the charge: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? Yes  No   
License # \_\_\_\_\_ State \_\_\_\_\_

List Professional, trade, business, or civic activities and offices held excluding groups that name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age: \_\_\_\_\_  
\_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of the person to be notified in the event of accident or emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Acknowledgement and Certification***

I acknowledge that consideration for employment may be contingent on the results of a reference and background check. Therefore I authorize, Star of the West Milling, Inc. or it's agent (A third party company) to: (1) Investigate the truthfulness of all statements made on this application; (2) contact my former employers and any other persons who can verify information (3) obtain a credit history report in accordance to The Fair Credit Reporting Act (FCRA) (4) obtain criminal conviction report (5) obtain a motor vehicle / driving record (6) check references (7) obtain verification of education, licenses, past employment and (8) obtain public information reports (i.e., bankruptcies, tax liens, lawsuits etc.) (9) Discuss results of any investigation with other employees of Star of the West Milling, Inc. involved in the hiring process. In addition I give my consent for all contacted persons including my former employers to provide information concerning this application, and release each said person from liability for providing information to Star of the West Milling, Inc.

All applicants who are conditionally considered for employment may, as a final step in the Employment process, be required to take a physical examination and / or a drug screen test. If the applicant refuses to consent to the physical examination or the drug screen, the applicant will be denied, employment. If the applicant tests positive for an illegal or drug not prescribed for the applicant, he or she will be denied employment.

Federal law mandates that all new hires be reported under the Personal Responsibility and Work Opportunity Reconciliation Act 1997: within 20 days from the date of hire. There are six basic pieces of information that must be reported (1) Employee Name (2) Employee Address (3) Employee Social Security Number (4) Employer Name (5) Employer Address (6) Employer Federal Identification Number.

I understand and acknowledge that my employment and compensation may be terminated with or without cause, and with or without notice, at any time, at the option of either Star of the West Milling, Inc., or myself. I specifically acknowledge that there have been no statements made to me to the contrary. I further understand and acknowledge that no representative of Star of the West Milling, Inc., other than the President, has the authority to alter the terms and conditions of the at-will employment relationship. Any such alteration by the President must be in writing and signed by the President, as well as myself.

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Signature

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Date