



IMPERIAL DESIGN[®]

COMPANIES

1958 Wilson Avenue SW
Grand Rapids, MI 49534
(616) 791-1900

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:

Date of Application: _____
Name: _____
Address: _____

Social Security Number: _____
Telephone Number (Home): _____
Cell Number: _____
E-mail: _____

Telephone Number (Work) _____

May we call you at work? Yes No

How did you hear about us? Walk-in Advertisement Name of Source: _____
 Employee Relative Other: _____

Type of employment desired: Full Time Part Time Temporary

Are you over 18 years old? Yes No

Have you filled out an application here before? Yes No
If yes, give date: _____

Have you ever been employed here before? Yes No
If yes, give date: _____

Are you legally eligible for employment in this country? Yes No

Do you have a valid driver's license (if it should be required for the job)? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please give date and explain: _____

NOTE: Conviction of a felony or a misdemeanor is not an automatic bar to employment (all circumstances will be considered).

EDUCATIONAL BACKGROUND (Do not fill out if you have submitted a resume)

Present or Most Recent School Attended

School Name _____ # of Years Completed _____
 Degree Obtained _____ GPA or Class Rank _____
 Major _____ Minor _____

Previous School Attended

School Name _____ # of Years Completed _____
 Degree Obtained _____ GPA or Class Rank _____
 Major _____ Minor _____

Previous School Attended

School Name _____ # of Years Completed _____
 Degree Obtained _____ GPA or Class Rank _____
 Major _____ Minor _____

WORK EXPERIENCE (Do not fill out if you have submitted a resume)**Present or Most Recent Employer**

Name _____ From _____ To _____ Salary _____ / _____ Start Final
 Address _____ Phone _____
 Job Title _____
 Name of Supervisor _____
 Duties _____
 Reason for Leaving _____

Previous Employer

Name _____ From _____ To _____ Salary _____ / _____ Start Final
 Address _____ Phone _____
 Job Title _____
 Name of Supervisor _____
 Duties _____
 Reason for Leaving _____

Previous Employer

Name _____ From _____ To _____ Salary _____ / _____ Start Final
 Address _____ Phone _____
 Job Title _____
 Name of Supervisor _____
 Duties _____
 Reason for Leaving _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company, such employment will not result in a contract for employment and that the Company may terminate my employment with or without notice and with or without cause, at any time. I further recognize if I am employed by the Company, I will receive wages and benefits and be subject to rules and regulations to which I agree to conform; but I agree that such wages, benefits, rules and regulations are subject to change by the Company at any time with or without notice to me. I further recognize that nothing in any documents published by the Company shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the Company, except by a written document signed by the company president.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____