

SAGINAW OFFICE SERVICES, INC.

d.b.a. SOS EXPRESS

P.O. Box 2195

Saginaw, MI 48605-2195

(989) 249-7874

APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, this Company bases employment decisions on job-related information.
All legal requirements pertinent to fair employment practices are followed by this Company.

Date of Application: _____

Last Name	First Name	Middle
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Home	Other
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How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative
 Other _____

For What Specific Position Are You Applying?	Which Location Are You Applying At?
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On What Date Would You Be Available For Work?	Type of Employment Desired
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal

Have You Filed an Application Here Before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Have You Ever Been Employed Here Before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Are You 18 Years of Age or Older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are You on Layoff, Subject to Recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will You Work Overtime as Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will You Travel If Job Requires It?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have You Ever Been Convicted Of a Felony? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, explain _____

Are You Legally Eligible For Employment In This Country? Yes No
Proof of U.S. citizenship or immigration status will be required upon employment.

EDUCATION (List ALL Schools Attended)

Name Address Years Completed Did you Graduate? Degree H.S. courses
and/or _____
College major

High/Prep Schools

Colleges/Universities

Other Education

Do you plan to further your education? Yes No
If yes, when? _____

SKILLS AND QUALIFICATIONS

Special Training or Instruction _____

Special Skills or Equipment _____

Subjects of Special Study or Research Work _____

Please indicate any other information you think would be helpful in considering you for employment with this Company (additional education, experience, activities, accomplishments, specific skills)

U.S. MILITARY STATUS AND RECORD

If you have a pending military obligation, what are your plans for completing it? _____

Branch of Service	Active Duty Dates		Rank Held		Nature of Duties
	From	To	Entry	Release	
	Mo/Yr	Mo/Yr			

What specialized training did you receive? _____

Do you have a reserve or National Guard obligation? Yes No
If yes, please describe. _____

REFERENCES

Give name, occupation, address and phone number of three business references not related to you.

EMPLOYMENT HISTORY

Beginning with your present or last employer, list all full-time or part-time positions.

Company Name _____	Telephone _____
Address _____	Employed _____ (From Month and Year to Month and Year)
Name of Supervisor _____	Weekly Pay Start _____ End _____
State Job Title _____	Reason For Leaving _____

Company Name _____	Telephone _____
Address _____	Employed _____ (From Month and Year to Month and Year)
Name of Supervisor _____	Weekly Pay Start _____ End _____
State Job Title _____	Reason For Leaving _____

Company Name _____	Telephone _____
Address _____	Employed _____ (From Month and Year to Month and Year)
Name of Supervisor _____	Weekly Pay Start _____ End _____
State Job Title _____	Reason For Leaving _____

Comments (including explanation of any gaps in employment) _____

AUTHORIZATIONS AND ACKNOWLEDGEMENTS

I acknowledge that any offer of employment I may receive from SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS is contingent on the results of a reference and background check. Therefore, I authorize the company to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers; other listed references; or any other persons, including law enforcement agencies, neighbors, and friends, who can verify or provide any information regarding my character, credit or criminal history, education, qualifications, skills or work ethic; and (3) discuss results of any investigation with other employees of the company involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information, including any disciplinary or corrective action, concerning this application and I release each such person from liability for providing information to SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS. I waive any written notice for the release of such information which may be required under state or federal law.

I hereby give my consent for SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS through an authorized agent to collect my urine, saliva, blood, or hair samples for the purposes of testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or from the test(s) results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination *at any time* at the discretion of SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS. I hereby consent to having the results of any such alcohol or drug test or medical examination disclosed to SAGINAW OFFICE SERVICES, INC. d.b.a. SOS EXPRESS. I also acknowledge that any offer of employment that I receive is contingent upon the results of my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the company withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Company provide a reasonable accommodation for it. I am aware that I must make any such request for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation.

I understand that if hired, my employment will be "at-will" that means that either I or the Company may terminate my employment at any time, with or without notice and with or without cause. Moreover, no one may change my at-will employment relationship except the President of the Company, in writing and signed by him/her.

Dated: _____

Applicant Signature: _____