

EMPLOYMENT APPLICATION
Title Check, LLC

An Equal Opportunity Employer

It is the policy of Title Check, LLC (the "Company") to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, marital status, height, weight, or disability.

TODAY'S DATE: _____

NAME (Last, First, Middle Initial): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. You may attach additional sheets of paper if you require additional space for any responses. Your application will become inactive after 30 calendar days unless you inform our Personnel Office, in writing, and prior to the expiration of the 30-day period, that you want your application to remain active. Before you sign this application, please ask the personnel person any questions that you may have. Thank you.

Are you at least 18 years old? _____ YES _____ NO

Birth date (m/d/y): _____

Do you have current and unrestricted authorization to work in the U.S.? _____ YES _____ NO

Have you worked under a different name before? _____ YES _____ NO

If yes, explain: _____

POSITION FOR WHICH YOU ARE APPLYING

Position (use specific title): _____

Date available: _____ Wage expected? _____

Are you presently employed? _____ YES _____ NO

If yes, where? _____

Are you subject to recall at another job? _____ YES _____ NO

If yes, explain: _____

Have you ever applied to Title Check before? _____ YES _____ NO

If so, for what position? _____

When? _____

Are you related to or know anyone who currently works for the company? _____ YES _____ NO

If yes, please name the individual(s): _____

EDUCATION

	High school	College	Other
Names and locations			
Course of study			
Years completed			
Graduate? Yes / No			
Diploma, degree or certificate earned			
GPA			

Other formal education or experience which you feel is relevant to the position for which you are applying: _____

Have you ever been convicted of a crime? _____ YES _____ NO

Note: A yes answer will not automatically disqualify you from consideration. Please do not disclose any misdemeanor arrests that did not result in a conviction.

If yes, state the crime(s): _____

Have you ever been arrested for a felony? _____ YES _____ NO

If yes, explain: _____

What other employment or "sideline" business, if any, do you have?

Would you want to continue it if employed by us? _____ YES _____ NO

EMPLOYMENT HISTORY

(List below past and present employment, starting with most recent. Include employment with U.S. military service. Do not skip any employers and attach additional sheets if necessary.)

1. Employer Name: _____

Employer address & phone: _____

Position: _____

Starting salary: _____ Ending salary: _____

Description of duties: _____

Supervisor's name: _____

Dates employed: from _____ to _____

Reason(s) for leaving: _____

2. Employer Name: _____

Employer address & phone: _____

Position: _____

Starting salary: _____ Ending salary: _____

Description of duties: _____

Supervisor's name: _____

Dates employed: from _____ to _____

Reason(s) for leaving: _____

3. Employer Name: _____

Employer address & phone: _____

Position: _____

Starting salary: _____ Ending salary: _____

Description of duties: _____

Supervisor's name: _____

Dates employed: from _____ to _____

Reason(s) for leaving: _____

PERSONAL/PROFESSIONAL REFERENCES (with contact information)

1. _____

2. _____

3. _____

APPLICANT STATEMENT

I affirm that the information provided on this application (and accompanying resumé, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize this company to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Title Check, LLC to attempt to make a reasonable accommodation for it. I must make my request in writing to the Personnel Department as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I understand that all employees of Title Check, LLC are employed at will on an indefinite basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason.

Dated: _____

/s/ _____
Applicant signature