



CAMBRIDGE
PROPERTY & CASUALTY

Cambridge Property & Casualty
AND
The Law Firm of Hale, Stein, Murphy,
Hale & Associates, P.C.

Sample Job Application

- **Cambridge General Considerations**
- **Cambridge Sample Job Application – General Applicant**
- **Cambridge Sample Job Application – Commercial Drivers**
- **Cambridge Sample Conditional Job Offer**

May 2008

Mailing Address: P.O. Box 511077 Livonia, Michigan 48151-7077

Cambridge Plaza Building: 15415 Middlebelt Road, Livonia, Michigan 48154-3805 T: 734.525.0927 F: 734.525.0612 www.cambridge-pc.com

Job Applications: General Considerations

1. This sample is general in nature. It should not be used as the sole source of guidance. Consultation with private legal counsel is required.
2. This sample job application specifically omits inquiries that are prohibited on a pre-employment basis. For example, it is generally unlawful to inquire about an applicant's date of birth, sex, race, height, weight, health status and other protected information, although certain exceptions may apply. Because many of these inquiries are ultimately necessary to conclude the hiring process, they should generally not be asked prior to making a bona fide written conditional job offer.
3. This job application assumes that the employer creates an at-will employment relationship. If this type of relationship is not intended, alternative language is required.

(Your company name and address must be listed here)

JOB APPLICATION – GENERAL APPLICANT

SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color or disability in the hiring, promotion, payment or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act, or the Michigan Persons with Disabilities Civil Rights Act, in regard to employment practices, or terms, conditions, and privileges of employment.

Under Michigan law, a person with a disability needing accommodations for employment must notify the Employer within 182 days after the need is known or reasonably should have been known. Failure to notify the Employer may result in a loss of your rights.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

The information you provide may be used, and your previous employers will be contacted, for the purpose verifying information provided on this application.

SECTION 2: APPLICANT'S PERSONAL INFORMATION

NAME _____
(print) First Middle Initial Last

PRESENT ADDRESS _____
(print) Number Street

CITY _____ STATE _____ ZIP CODE _____

PHONE NO. home () _____ alternate/cell () _____

SOCIAL SECURITY NO: XXX-XX- _____ (last four digits only please)

Are you 18 years old or older? [] Yes [] No

Position applying for _____

Have you been given a job description for this position? [] Yes [] No

Can you perform the duties for the job for which you are applying with or without accommodation?
[] Yes [] No

If no, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?
[] Yes [] No

Do you have any relatives or a spouse employed by this organization? [] Yes [] No

If yes, please provide names _____

Name and address of a person to be notified in case of an emergency:

First Name

Last Name

Phone

alternate phone

Have you ever been convicted of a crime? [] Yes [] No
(answering "yes" to this inquiry will not automatically disqualify you)

If yes, please explain _____

Are there any felony charges pending against you? [] Yes [] No
(answering "yes" to this inquiry will not automatically disqualify you)

If yes, please explain _____

Have you ever been employed by this organization before? [] Yes [] No

If yes, give dates employed and indicate if employed under a different name _____

SECTION 3: AVAILABILITY AND INTERESTS IN WORK

Are you interested in full or part-time work? [] Full-time [] Part-time

On which days and shifts are you available to work?

Mon	_____	[] Morning	[] Afternoon	[] Evening
Tues	_____	[] Morning	[] Afternoon	[] Evening
Wed	_____	[] Morning	[] Afternoon	[] Evening
Thur	_____	[] Morning	[] Afternoon	[] Evening
Fri	_____	[] Morning	[] Afternoon	[] Evening
Sat	_____	[] Morning	[] Afternoon	[] Evening
Sun	_____	[] Morning	[] Afternoon	[] Evening

On what date are you available to start work? _____

SECTION 4: EDUCATION

High school _____ City/State _____

Did you graduate? [] Yes [] No

College _____ City/State _____

Did you graduate? [] Yes [] No

If yes, what degree(s) did you obtain? _____

Business or Trade School _____ City/State _____

Did you graduate? [] Yes [] No

If yes, what degree(s) or certificate(s) did you obtain? _____

Professional School _____ City/State _____

Did you graduate? [] Yes [] No

If yes, what degree(s) or certificate(s) did you obtain? _____

SECTION 5: EMPLOYMENT HISTORY (please start with present or most recent employer)

Company Name _____ Telephone _____

Address _____ Employment Dates (month/year)
From _____ To _____

Position Title _____ Wage
Start _____ Last _____

Name of Supervisor _____ Reason for Leaving _____

Company Name _____ Telephone _____

Address _____ Employment Dates (month/year)
From _____ To _____

Position Title _____ Wage
Start _____ Last _____

Name of Supervisor _____ Reason for Leaving _____

Company Name _____ Telephone _____
 Address _____ Employment Dates (month/year)
 From _____ To _____
 Position Title _____ Wage
 Start _____ Last _____
 Name of Supervisor _____ Reason for Leaving _____

Company Name _____ Telephone _____
 Address _____ Employment Dates (month/year)
 From _____ To _____
 Position Title _____ Wage
 Start _____ Last _____
 Name of Supervisor _____ Reason for Leaving _____

May we contact your current supervisor or manager? [] Yes [] No

If no, why? _____

If yes, who should we call? _____
 Name Title Telephone

SECTION 6: REFERENCES

PERSONAL REFERENCES

Give the names of two (2) personal references of persons not related to you, whom you have known at least one (1) year:

Name Address Phone Number

PROFESSIONAL REFERENCES

Give the names of two (2) professional references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name Address Phone Number

SECTION 7: PROFESSIONAL LICENSES, CERTIFICATIONS AND CREDENTIALS

Please indicate any job-related licenses, certifications, or credentials: _____

SECTION 8: CONSENT

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release (Your company name) and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.

I hereby give my consent for (Your company name), through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol or controlled substances, and I hereby release (Your company name) from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized management for appropriate review. If I am accepted for employment by (Your company name), I hereby consent to be tested in the above manner during my employment when, in the Company’s judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company’s substance abuse policy is a condition of my employment.

SIGNATURE _____ DATE _____

I certify that I personally completed this application and that all the information is true and correct to the absolute best of my knowledge. I request and authorize the company to investigate my background for employment purposes. The company is authorized to investigate any alcohol or drug tests, criminal history, MVR reports, and character history.

I further understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

SIGNATURE _____ DATE _____

SECTION 9: AT-WILL STATUS

In consideration of my employment, if a position is offered to me, I agree to conform to the rules and regulations of (Company Name), and my employment and compensation can be terminated at-will or without cause and with or without notice at any time, at the sole discretion of (Company Name) or myself. I agree that no one other than (Company President) has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than (Company President) has any authority to make any changes to this At-Will Status of employment unless in writing and signed by both (Company President) and me.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.

(Your company name and address must be listed here)

SAMPLE JOB APPLICATION – FOR COMMERCIAL DRIVERS ONLY

SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color or handicap in the hiring, promotion, payment or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act, or the Michigan Persons with Disabilities Civil Rights Act, in regard to employment practices, or terms, conditions, and privileges of employment.

Under Michigan law, a person with a disability needing accommodations for employment must notify the Employer within 182 days after the need is known or reasonably should have been known. Failure to notify the Employer may result in a loss of your rights.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

The information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information.

SECTION 2: DUE PROCESS RIGHTS FOR COMMERCIAL DRIVER APPLICANTS

(Federal Motor Carrier Safety Regs (49 CFR §391.23(i)(1)) require that applicants be notified of the following due process rights regarding information obtained through this application)

Commercial Driver Applicants: You have the following due process rights regarding the investigative information that is obtained through this application process:

(i) The right to review information provided by previous employers;

(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

SECTION 3: APPLICANT'S PERSONAL INFORMATION

TODAY'S DATE: _____

NAME _____
(print) First Middle Initial Last

PRESENT ADDRESS _____
(print) Number Street

CITY _____ STATE _____ ZIP CODE _____

PHONE NO. home () _____ alternate/cell () _____

DATE OF BIRTH (*Provide only if you are applying for a position which will require a commercial driver's license; will not be utilized to discriminate based on age*): _____
(*Federal Motor Carrier Safety Regs (49 CFR 391.21(b)(2)) require that commercial driver applicants provide date of birth*)

SOCIAL SECURITY NO: _____
(*Federal Motor Carrier Safety Regs (49 CFR 391.21(b)(2)) require that commercial driver applicants provide SS #.*)

Position applying for _____

Have you ever been convicted of a crime? Yes No
(conviction of a crime is not an automatic bar to employment – all circumstances will be considered)

If yes, please explain _____

Are there any felony charges pending against you? Yes No
(answering “yes” is not an automatic bar to employment – all circumstances will be considered)

If yes, please explain _____

Are there any DUI charges pending against you? Yes No
(answering “yes” is not an automatic bar to employment – all circumstances will be considered)

If yes, please explain: _____

Do you have any drug related convictions? Yes No
(answering “yes” is not an automatic bar to employment – all circumstances will be considered)

If yes, please explain: _____

Have you been convicted, or are there charges pending, for reckless driving or careless operation?
 Yes No
(answering “yes” is not an automatic bar to employment – all circumstances will be considered)

If yes, please explain: _____

Have you ever been employed by this organization before? Yes No

If yes, give dates employed and indicate if employed under a different name _____

In case of emergency, whom should we contact?

NAME _____

ADDRESS _____

PHONE NO. () _____

SECTION 4: AVAILABILITY AND INTERESTS IN WORK

Are you interested in full or part-time work? Full-time Part-time Temporary

On which days and shifts are you available to work?

Mon	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Tues	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Wed	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Thur	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Fri	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Sat	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Sun	_____	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening

On what date are you available to start work? _____

SECTION 5: EDUCATION

High school _____ City/State _____

Did you graduate? Yes No

College _____ City/State _____

Did you graduate? Yes No

If yes, what degree(s) did you obtain? _____

Business or Trade School _____ City/State _____

Did you graduate? Yes No

If yes, what degree(s) or certificate(s) did you obtain? _____

SECTION 6: EXPERIENCE

(Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.)

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Company Name _____

Telephone _____

Address _____

Number Street

Employment Dates (month/year)

From _____ To _____

City State Zip

Position Title _____

Wage

Start _____ Last _____

Name of Supervisor _____

Reason for Leaving _____

Subject to federal motor carrier safety rules? Yes No

Company Name _____

Telephone _____

Address _____

Number Street

Employment Dates (month/year)

From _____ To _____

City State Zip

Position Title _____

Wage

Start _____ Last _____

Name of Supervisor _____

Reason for Leaving _____

Subject to federal motor carrier safety rules? Yes No

Company Name _____

Telephone _____

Address _____

Number Street

Employment Dates (month/year)

From _____ To _____

City State Zip

Position Title _____

Wage

Start _____ Last _____

Name of Supervisor _____

Reason for Leaving _____

Subject to federal motor carrier safety rules? Yes No

Company Name _____

Telephone _____

Address _____

Number Street

Employment Dates (month/year)

From _____ To _____

City State Zip

Position Title _____

Wage

Start _____ Last _____

Name of Supervisor _____

Reason for Leaving _____

Subject to federal motor carrier safety rules? [] Yes [] No

Describe the nature and extent of your experience in the operation of motor vehicles, including the types of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated (ask for additional sheets if necessary):

Class/Type of Equipment From To	Dates	Approximate Total Miles
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List states operated in during the last five years:

List special courses or training that will help you as a driver:

SECTION 7: ADDRESS HISTORY

(Federal Motor Carrier Safety Regs (49 CFR §391.21(b)(3)) require the applicant to list addresses at which the applicant has resided during the 3 years preceding the date on which the application is submitted)

List every address at which you have resided during the 3 years preceding today's date (ask for additional sheets if necessary):

Address

Dates

SECTION 8: COMMERCIAL DRIVER'S LICENSE HISTORY

(Federal Motor Carrier Safety Regs (49 CFR §391.21(b)(5)) require that the applicant provide the issuing state, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant)

Do you currently have a valid commercial driver's license? Yes No

If yes, please provide the following for each unexpired commercial motor vehicle operator's license or permit that has been issued to you:

Issuing State	CDL Number	Expiration Date	Class	Endorsements
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

If yes, please explain: _____

Have you ever had a driver's license revoked, suspended, or canceled by any state, lost the right to operate a commercial motor vehicle in any state, or been disqualified from operating a commercial motor vehicle? Yes No

If yes, please explain: _____

Do you currently have more than one driver's license? Yes No

If yes, please explain: _____

SECTION 9: DRIVING HISTORY

List all motor vehicle accidents in which you have been involved during the 3 years preceding today's date, specifying the date and nature of each accident and any fatalities or personal injuries it caused:

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the 3 years preceding today's date:

SECTION 10: ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

(Federal Motor Carrier Safety Regulations (49 CFR 40.25(j)) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions)

1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work?
 Yes No

3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

SECTION 11: REFERENCES

PERSONAL REFERENCES

Give the names of two (2) personal references of persons not related to you, whom you have known at least one (1) year:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES

Give the names of two (2) professional references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

SECTION 12: CONSENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release (*Name of Employer*) and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.

I hereby give my consent for _____, through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol or controlled substances, and I hereby release _____ from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized _____ management for appropriate review. If I am accepted for employment by _____, I hereby consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

SIGNATURE _____ DATE _____

I certify that I personally completed this application and that all the information is true and correct to the absolute best of my knowledge. I request and authorize the company to investigate my background for employment purposes. The company is authorized to investigate any alcohol or drug tests, criminal history, MVR reports, and character history.

I further understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

SIGNATURE _____ DATE _____

I hereby consent to allow the Employer to verify my driving history through obtaining a copy of my motor vehicle report to be used for employment purposes not prohibited by law. I hereby release the Employer from any and all liability that may result from obtaining this information. I understand that the determination of safe driving will include annual reviews of my driving record on file with the State of Michigan or other states. If a condition offer of employment is extended, I agree to advise Employer of any traffic citations or convictions including alcohol-related motor vehicle convictions of which I am found guilty or plead responsible or guilty.

SIGNATURE _____ DATE _____

SECTION 12: AT-WILL STATUS

In consideration of my employment, if a position is offered to me, I agree to conform to the rules and regulations of (Company Name), and my employment and compensation can be terminated at-will or without cause and with or without notice at any time, at the sole discretion of (Company Name) or myself. I agree that no one other than (Company President) has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than (Company President) has any authority to make any changes to this At-Will Status of employment unless in writing and signed by both (Company President) and me.

EMPLOYEE SIGNATURE _____
EMPLOYER SIGNATURE _____

DATE _____
DATE _____

SAMPLE CONDITIONAL JOB OFFER
(must be tailored to your organization's practices)

It is the policy of this organization to issue a written conditional job offer based on several contingencies, including but not limited to the following:

This offer is conditioned upon successful verification and/or completion of the employee's reference checks, education, employment experience, licenses, certifications, criminal history record check, driver's license check and other screening procedures used to assess the applicant's suitability to be employed for this position.

The offer of employment is also conditioned upon the successful completion of a health screening including but not limited to a pre-employment physical and substance screen test. Such health screenings will be conducted at a health care facility, clinic or health care professional office selected by (your company name)
The cost associated with these screenings will be paid directly by (your company name).

Additionally, this conditional job offer is contingent upon the applicant's ability to submit appropriate documentation establishing his/her identity and his/her right to be lawfully employed in the United States as determined by the Immigration Reform and Control Act of 1989.

Any information gathered from the background check screening and health screening shall be kept confidential and disclosed only to (your company name)'s personnel involved in hiring decisions. The information may also be disclosed to state and federal agencies as authorized by state or federal law.

Finally, this conditional offer of employment is contingent upon the Employer's ability to verify the accuracy and truthfulness of the all of the information provided on the job application and throughout the hiring process.

 (Your company name) is an equal opportunity employer and it will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or veteran status in the hiring of employees.

This conditional job offer is also conditioned upon the applicant's full cooperation with the production of references, obtainment of signed releases, consent forms, criminal history records, and the obtainment of any other information required by Employer policy or state or federal law. Failure to comply fully with all of the requirements within 10 business days will result in the automatic withdrawal of this offer.

This conditional job offer does not alter in any way the at-will status of employment.

If the required screenings and background checks are not completed within 10 business days, then this conditional offer of employment shall be withdrawn.

Applicant signature

date

Employer signature

date