



Please Mail this Application Form to
the Following Address:
SWD Specialties LLC
Re: Employment
4030 Columbus Drive
Kalkaska, Michigan 49646
Phone: (231) 258-9637

APPLICATION FOR EMPLOYMENT

SWD Specialties LLC is an equal opportunity employer. We will not lawfully discriminate on the basis of race, color, sex, religion, national origin, age, martial or veteran status, the presence of a medical condition or disability, weight, or any other protected status.

PERSONAL INFORMATION

Name: _____ Date of Application: _____

Address: _____
(Street)

(City) (State) (Zip)

Telephone Number: _____ Social Security Number: _____

Are you 18 years or older? Yes _____ No _____

Are you a U.S. Citizen? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____

If yes, please give date(s): _____ Supervisor's Name(s): _____

EMPLOYMENT DESIRED

Position(s) Applying For: _____

Kind of Work Sought: Full Time _____ Part Time _____ Other (Describe) _____

Describe any special training, skills, qualifications or other experience that relate to the position(s) applied for:

Salary Desired: _____ Date Available to Start: _____

REFERENCES (Do not include relatives or former employers)

1. Name ▼	Phone Number	Years Acquainted
Address ▼		
2. Name ▼	Phone Number	Years Acquainted
Address ▼		
3. Name ▼	Phone Number	Years Acquainted
Address ▼		

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes _____ No _____

If yes, please describe where, when and nature of the offense:

Give any other information you feel may be helpful to us in considering your application:

AUTHORIZATION AND UNDERSTANDING

Upon my signature of this application, I represent to SWD Specialties LLC, known as the "Company," that all of the information now or hereafter given by me in support of my application is true and complete. I hereby authorized you to verify any of the information regarding my employment, education, credit, driving record or medical history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of prospective or subsequent employers without any obligation to give me written notice of such inquiries and /or disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. I understand that my employment is conditional upon the passage of a physical and urine drug test. **I agree that either party may terminate the employment relationship, with or without cause at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President of SWD Specialties LLC** I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the Company to deduct from each and every period of my pay any amounts necessary to offset any damage caused by me or the value of property or money entrusted to me, or owed by me to the Company during the course of my employment. **I agree that any action or suit against SWD Specialties LLC as a result of my employment or termination of employment, brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.** I further agree that if I should bring any action or claim arising out of my employment against the Company prevails, I will pay to the Company and all costs incurred by the Company in defense of said claims or actions, including attorney fees.

Signature

Date

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to SWD Specialties LLC for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible" (i.e., information for employment purposes) and will be used for no other purposes;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

To: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)



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DISCLOSURE AND AUTHORIZATION FOR INQUIRY

Disclosure:

In connection with evaluating you for possible employment, or for promotion, reassignment or retention as an employee, SWD Specialties LLC. may obtain a consumer report containing information regarding your credit history, as well as your work records, driving history, military service, education, and/or police records, to determine your suitability for employment or for any employment-related purpose. Any or all of these results may be used in making employment decisions regarding you. You also will be subject to a pre-employment drug/alcohol screening.

Authorization:

I acknowledge receipt of this disclosure. I hereby authorize SWD to obtain such reports, inquire and investigation. A photocopy of this signed authorization will carry the same effect as the original.

Signature: _____

Date: _____

Witness: _____

Date: _____

Name: _____
Please print full name

Other Names Used: _____
Alias, Maiden Name, Etc.

Social Security Number: _____

Driver's License Number and State of Issuance: _____

Birth Date and Year: _____