



16980 Wood Road  
Lansing, MI 48906  
372-2800

# Employment Application

Persons with a disability or handicap requiring accommodation for completing the application process should notify the receptionist as soon as possible. Please note that this application will remain active for three months, after which the applicant will need to reapply. If there are no current open positions, this form will be received for information only.

**Please fill out every section of this application form carefully and completely. Failure to do so could mean the loss of employment opportunities at Granger.**

## Personal Data

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Position applying for \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(SS# may be disclosed to a third party that will conduct a background check)

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email address \_\_\_\_\_

Referred by \_\_\_\_\_ Date available \_\_\_\_\_

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Have you applied at Granger before? If so, when and for what position? \_\_\_\_\_

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Have you ever been convicted of a crime (other than a traffic violation), been imprisoned, or are you presently charged with a felony? If so, please state citation, date, and place where offense occurred.

Yes  No  \_\_\_\_\_

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Are you 18 or over? Yes  No

Can you provide proof that you are eligible to work in the U.S.? Yes  No

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full-time, including overtime, in the position for which you are applying? If so, explain.

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## Employment Experience

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Begin with your most recent employer. Provide a complete record of all employment and reasons for periods of unemployment. Use an additional sheet if necessary to show complete work history.

***It is very important to provide a complete record in order to be considered for employment.***

Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Why did you leave? \_\_\_\_\_ Ending salary \_\_\_\_\_

May we contact this employer? Yes  No  If no, please explain \_\_\_\_\_

Other comments \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

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Other comments \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Why did you leave? \_\_\_\_\_ Ending salary \_\_\_\_\_

May we contact this employer? Yes  No  If no, please explain \_\_\_\_\_

Other comments \_\_\_\_\_

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**Education Record**

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Have you graduated from high school or completed the GED equivalent?      Yes     No

Name and location of high school \_\_\_\_\_

Other education (college or university, graduate school, trade or technical school)

Name and location	# of years	Graduate?	Major/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Military Service**

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Branch of Service \_\_\_\_\_ Dates of service \_\_\_\_\_

Rank \_\_\_\_\_ Reserve Status \_\_\_\_\_

Duties/Special Training \_\_\_\_\_  
\_\_\_\_\_

**References**

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*This section must be completely filled out in order to be considered for employment .*

List three people not related to you who are well acquainted with your work ability and character.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

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**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

## Important Information

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*Please read the following statements carefully before signing to indicate your understanding.*

- I certify that all of the information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process may result in my not being offered employment or being dismissed at any time from the service of Granger if employed.
- I understand that Granger is an at-will employer and, if hired, either Granger or I may terminate the employment relationship at any time with or without notice and with or without cause. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the President of Granger.
- I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information about me to give Granger any information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such releases of information and opinions, and I release such former employers, references, educational institutions, and any credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Granger any information requested concerning any criminal convictions of my record. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. A photocopy of this signed authorization and waiver will be valid as an original.
- I understand that all Granger associates are required to take a drug screen test prior to employment. If offered employment by Granger, a pre-employment physical will be required prior to my employment. In the event that I have a disability that will affect my ability to take the physical, Granger must be informed prior to the physical so that a reasonable accommodation can be made. I understand that Granger reserves the right to require medical documentation regarding the need for accommodation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications that you feel will be helpful to us in considering your application.

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