

DONATO ENTERPRISES, INC.
Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____		Date: _____
Position(s) applied for or type of work desired: _____		
Complete Address: _____	City: _____	State: _____ Zip: _____
Telephone #: _____	Cell phone #: _____	Other #: _____
Social Security #: _____	Email : _____	
Type of employment desired: _____ full-time _____ part-time _____ temporary _____ seasonal		
Preferred Shift: DAYS _____ NOONS _____ MIDS _____		
Date you will be available to start work: _____		
Do you have reliable transportation?	_____ Yes	_____ No
Have you ever been previously employed by our organization?	_____ Yes	_____ No
If you are under 18, can you furnish a work permit if it is required?	_____ Yes	_____ No
Have you been convicted of a crime in the last 7 years?	_____ Yes	_____ No
If yes, please explain (a conviction will not automatically bar employment): _____ _____		
Valid driver's license #: _____		State: _____
How were you referred to us? _____		
In case of an emergency, who should be contacted? _____		
Relationship _____	Phone _____	

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer #1: _____ Position held: _____

Address: _____ Telephone _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary _____

Reason for leaving: _____

Employer #2: _____ Position held: _____

Address: _____ Telephone _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary _____

Reason for leaving: _____

Employer #3: _____ Position held: _____

Address: _____ Telephone _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary _____

Reason for leaving: _____

Employer #4: _____ Position held: _____

Address: _____ Telephone _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary _____

Reason for leaving: _____

Please explain any time frame between jobs not accounted for with above employment: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____ Years Completed: _____ Course of Study: _____

College: _____ Years Completed _____ Degree: _____

Technical Training: _____ Years Completed: _____ Field of Study: _____

Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

NOTICE OF DRUG TESTING

DONATO ENTERPRISES MAY CONDUCT DRUG TESTING OF THE JOB APPLICANTS. SHOULD THIS COMPANY CONSIDER YOU FOR EMPLOYMENT YOU MAY BE CONTACTED REGARDING THE TIME AND LOCATION OF THE PRE-EMPLOYMENT DRUG TEST. REFUSAL TO TAKE THE DRUG TEST OR FAILING THE DRUG TEST WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR A POSITION.

AN EQUAL OPPORTUNITY EMPLOYER

Donato Enterprises is an Equal Opportunity Employer and therefore complies with the law prohibiting discrimination on factors as race, age, color, religion, sex, national origin, marital or veteran status, or handicap. Under the Michigan Handicappers' Civil Rights Act, and employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose and undue hardship on the employer. A handicapper may allege against an employer regarding failure to accommodate his or her handicap only if the handicapper notifies the employer in writing to the need for accommodation with 182 days after the handicapper knew or reasonably knew or reasonably should have known that an accommodation was needed. I understand that it is the policy of Donato Enterprises not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand DONATO ENTERPRISES may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize DONATO ENTERPRISES to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers' names therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I further authorize DONATO ENTERPRISES and/or any third party which DONATO ENTERPRISES hires, to research, investigate and/or perform background checks to substantiate that I am a candidate of good standing and of good moral character, who qualifies as a potential employee. I understand and acknowledge that DONATO ENTERPRISES will terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

If terminated, I authorize DONATO ENTERPRISES to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information including disclosure of information to a third party, future employer or prospective employer, without receiving any prior notice, and I release DONATO ENTERPRISES from any liability in connection with such use or disclosure.

In consideration of my employment I agree to conform to the rules and regulations of DONATO ENTERPRISES and the directions of its supervisors, I understand and acknowledge that if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of DONATO ENTERPRISES and can be terminated with or without cause, and with or without notice, at any time at the option of either DONATO ENTERPRISES or myself. I further understand and agree that no manager, representative, agent or employee of DONATO ENTERPRISES other than the owners, has now or has had in the past any authority to enter into any agreement for employees for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by DONATO ENTERPRISES and the owners of and me in order to be effective. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I further understand that my employment is conditional until such time as the results of any pre-employment drug screen are known. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination, drug screen, MVR, criminal, credit and past employment background checks at the employer's discretion and would be employees expense if results are positive. If you are to be tested for a DOT Physical, DOT drug screen and/or Chauffeurs Licenses and terminate employment within 90 days of test, employee is responsible for all related costs. **I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.**

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either DONATO ENTERPRISES or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Applicant's Signature _____ Date _____