



For consideration, please submit your completed application to our front desk, at 6200 Wings Avenue SE, Grand Rapids, MI 49512. Or via email to humanresources@tb6ventures.com, with the position you are applying for as the Subject line.

Has a current TB6Venture {Group of Companies} employee referred you for employment?

If so, their name:

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First	Middle	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			Home Telephone
<input type="text"/>			<input type="text"/>
City	State	Zip	Business or Cell Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you ever applied for employment with us?		Location Applying For	Email Address
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year <input type="text"/>		<input type="text"/>	<input type="text"/>
Position Desired			Pay Expected
<input type="text"/>			<input type="text"/>
Apart from absence for religious observance, are you available for full-time work?			Will you work overtime if asked?
<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? <input type="text"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?		When will you be available to begin work?	
<input type="text"/>		<input type="text"/>	
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			
<input type="text"/>			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY

Did you serve in the U.S. Armed Forces?

☐ Yes ☐ No If "Yes," in what Branch?

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.



EMPLOYMENT

Please give accurate, complete, full-time, and part-time employment record. Start with your present or most recent employer.

1	Company Name			Telephone	
	Address			Employed - (State month and year)	
				From:	To:
	Name of Supervisor			Weekly pay	
				Start:	Last:
	State Job Title and Describe Your Work			Reason for leaving:	
2	Company Name			Telephone	
	Address			Employed - (State month and year)	
				From:	To:
	Name of Supervisor			Weekly pay	
				Start:	Last:
	State Job Title and Describe Your Work			Reason for leaving:	
3	Company Name			Telephone	
	Address			Employed - (State month and year)	
				From:	To:
	Name of Supervisor			Weekly pay	
				Start:	Last:
	State Job Title and Describe Your Work			Reason for leaving:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

REASON(s):

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Signature

Date

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