



**S O L I D I C A**

# Application for Employment

(Equal Opportunity Employer)

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The law of Michigan also prohibits all of the above types of discrimination.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

How would you like for us to contact you? \_\_\_\_\_

May we contact you at work? (We would be discreet) \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of position sought: \_\_\_\_\_

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Long Term \_\_\_\_\_ Temporary

When are you available to start? \_\_\_\_\_

Why are you seeking employment? \_\_\_\_\_  
\_\_\_\_\_

Do you have any impairments, physical, mental or medical, which would interfere with your ability to perform the type of work for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, does your Visa or immigration status allow you to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you of legal age to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a veteran of U.S. military service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_ Final Rank: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you on a layoff subject to recall to a former employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Conviction does not necessarily disqualify applicant)

## EMPLOYMENT EXPERIENCE

(Start with current of most recent)

Dates From _____ To _____ Employer _____ Address _____ Reason for leaving: _____ Pay: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Beginning</span> <span>Ending</span> </div>	Job Title(s) and Duties/Responsibilities and Accomplishments:
Dates From _____ To _____ Employer _____ Address _____ Reason for leaving: _____ Pay: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Beginning</span> <span>Ending</span> </div>	Job Title(s) and Duties/Responsibilities and Accomplishments:
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## EDUCATION

High School Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_  
Name and Location of High School

College

Dates		College	Location	Major	GPA	Degree Completed	Honors
From	To						

EDUCATION, continued

Other Significant Training


What else would you like for us to know about you that is not expressed on your resume? _____
_____
_____

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I hereby release Solidica, Inc. and any prior employer from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by the company or previous employers. I further understand that certain positions offered with the company may require a pre-employment physical examination by a company-designated physician and that employment is contingent upon receipt of a satisfactory medical evaluation.

Current and prospective employees may be asked to submit to drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. As a condition for my application being considered, I understand and agree to undergo substance screening if requested. I hereby authorize any physician, laboratory, hospital or medical professional retained by Solidica, Inc., for screening purposes to conduct such screening and to provide the results to Solidica, Inc., and I release Solidica, Inc., and any person affiliated with Solidica, Inc., and any such institution or person conducting the screening, from liability therefore.

I recognize that this application is not an offer for a contract of employment. I further recognized and agree that if I am employed by Solidica, Inc., such employment will not result in a contract for employment and that the Company may terminate my employment with or without notice and with or without cause, at any time. Likewise, I may resign at any time. I further recognize if I am employed by the Company, I will receive wages and benefits and be subject to rules and regulations, but I agree that such wages, benefits, rules and regulations are subject to change by the Company at any time with or without notice to me. I further recognize that my assigned work hours may be modified; and if requested, I will be required to work overtime. I further recognized that nothing in any documents published by the Company shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the Company, except by a written document signed by the President of Solidica, Inc. and personally addressed to me.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_