

**Arcadia Bluffs LLC**  
**APPLICATION FOR EMPLOYMENT**

(In order for Arcadia Bluffs LLC to consider your application, you must answer all questions **completely**. If you need extra space to give a complete answer, please use the extra space provided on page 3.)

NAME: \_\_\_\_\_ SOC. SEC. NO: \_\_\_\_\_  
                    (Last)                      (First)                      (Middle)

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

How many years have you lived in this city? \_\_\_\_\_

Job(s) applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If applying only for part-time, what days and hours? \_\_\_\_\_

Are you willing to work weekends and holidays? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any limitations on hours: \_\_\_\_\_

Have you worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied for work with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

Do you have any skills, qualifications or experiences that you feel would especially fit you for work with us?  
\_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Armed Forces Service? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service \_\_\_\_\_ Duties \_\_\_\_\_

Rank at time of enlistment \_\_\_\_\_ Rank at time of discharge \_\_\_\_\_

Are you able to perform all of the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is No, please identify the particular job duties that you are not able to perform. \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain when, where, and the nature of all criminal convictions: \_\_\_\_\_

Are there any felony charges pending against you now? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

If hired, when can you start? \_\_\_\_\_

**EDUCATION**

SCHOOL	NUMBER OF YEARS ATTENDED	NAME OF SCHOOL	CITY AND STATE	COURSE OF STUDY	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
GRADE						
MIDDLE						
HIGH						
COLLEGE						
OTHER (specify)						

If you did not graduate, why did you leave school or college? \_\_\_\_\_

If you were in school within the last two years, how many days were you absent and/or late? \_\_\_\_\_

**WORK EXPERIENCE**

(List most recent jobs first)

NAME AND ADDRESS OF COMPANY	DATES EMPLOYED FROM/TO	LIST YOUR DUTIES	SUPERVISOR'S NAME/PHONE	FINAL PAYRATE	REASON FOR LEAVING

If you were employed within the last two years, how many days were you absent and/or late? \_\_\_\_\_

**REFERENCES**

(Former Employers or Supervisors)

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NAME	ADDRESS AND TELEPHONE NUMBER	OCCUPATION

**ADDITIONAL INFORMATION**

(List here any information you care to add)

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**NOTICE TO ALL APPLICANTS**

(Please Read Carefully)

**1. Work Authorization.**

Before any applicant can begin work, the person must be able to verify, under Federal law, that he or she is authorized to work in the United States. All applicants offered a position with ARCADIA BLUFFS LLC would have to document their authorization to work before the hiring process will be complete.

All applicants are being notified that, if selected for hire, it will be your responsibility to provide ARCADIA BLUFFS LLC with documentation showing your right to work. ARCADIA BLUFFS LLC is giving you this notice so you may have those documents ready if you should be offered a position with ARCADIA BLUFFS LLC. The Human Resources Department at the time a conditional offer of employment is made will review the documents.

**2. Accommodations.**

ARCADIA BLUFFS LLC encourages applications by qualified individuals with a disability. If you believe that any accommodation of a disability will be necessary to permit you to perform the duties of your position, Michigan law requires that you notify ARCADIA BLUFFS LLC within 182 days after you know or should have known that the accommodation was needed.

**APPLICANT'S CERTIFICATION AND AGREEMENT**

(Please Read Carefully)

**1. Certification of Truthfulness.**

I certify that all statements on this application for employment are made completely, truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

**2. Authorization for Release of Information.**

I authorize the references and any academic institution I have listed above, and any prior or current employer of mine, to give you any information concerning my previous employment or education, including any disciplinary information, and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing information to you. Also, I hereby waive any right to receive written notice that employment information is being provided by any person or organization.

**3. Authorization to Obtain Motor Vehicle Record.**

I authorize ARCADIA BLUFFS LLC to obtain a report from any state or local agency concerning my motor vehicle operator's record. I understand that the information contained in those records may be considered in determining my eligibility for employment. I also understand that if I am hired, ARCADIA BLUFFS LLC will obtain a report of my motor vehicle operator's record from time to time, and that such records may be considered in determining my eligibility or qualifications for continued employment.

**4. Employment at Will.**

If hired, in consideration of my employment I agree to abide by the rules and policies of ARCADIA BLUFFS LLC. I further agree that such employment and all compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either ARCADIA BLUFFS LLC or myself. I understand that no agent or representative of ARCADIA BLUFFS LLC has any authority to make any agreement contrary to the foregoing, except by a written employment contract signed by the President of ARCADIA BLUFFS LLC.

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

\_\_\_\_\_  
(Applicant's Signature)

Revised January 2000  
**EMPLOYMENT OF RELATIVES**  
(Please read carefully)

I. PURPOSE

To prevent problems of supervision, safety, security and morals.

II. SCOPE

This policy applies to all employees at ARCADIA BLUFFS LLC and its affiliates.

III. POLICY

Applications for employment from close family relatives will be considered with other qualified applications when personnel vacancies occur. Some restrictions in job placement will apply, however, to prevent problems of supervision, safety, security and morale.

IV. DEFINITION

“Close family relatives” include current spouse, children, parents, grandparents, brothers and sisters. For the purpose of this policy “spouse” means those employees having a legal marital relationship, as well as employees involved in relationships, which in the company’s judgement are characterized by the permanence, duration and stability normally associated with marriage.

V. PROCEDURE

- A. The company without prior approval of the human resources department will not hire close family relatives.
- B. Close family relatives will not be hired into a department where they directly or indirectly supervise or are supervised by another family member.
- C. Relatives will not be placed in positions where they work with or have access to sensitive or confidential information regarding other close relatives, or, if there is an actual or apparent conflict of interest.
- D. If employees become related after employment and a conflict or interest or management problem of supervision, safety, security or morale result; or, if reorganization creates such conflict, reasonable time may be provided to resolve the matter. If resolution is not possible, the company may require one or both of those employees to transfer or resign.