



AW Transmission Engineering U.S.A., Inc.
 14920 Keel Street
 Plymouth, MI 48170
 734-454-1710, Fax: 734-454-1091

Application For Employment (At-Will)

AWTEC is an equal opportunity employer. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Please note that this application will remain active for 1 year, after which the applicant would need to re-apply.

Please print complete information for each section.

Position Applied For: _____ Date of Application: _____

Referral Source: _____ (advertisement, employee, walk-in, other)
 (Name of Newspaper, Employee, etc.)

Date Available for Work: _____

Name: _____ Soc. Sec. #: _____
 Last First M.I.

Present Address: _____
 Street City State Zip

Permanent Address: _____
 Street City State Zip

Telephone Number: Home (_____) _____ Work (_____) _____

Are you 18 years or older? _____ Yes _____ No

Wage Desired: _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer: _____

Have you ever applied to this Company before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	Name and Location of School	Diploma, Certificate or Number of Credits	Subject/ Major
High School			
College/Vocational			
College/Vocational			

Do you have US Military experience? _____ Branch: _____ Rank: _____

Skills gained through Military experience? _____

If you are hired you will be required to present proof of authorization to work in the United States as required by the Immigration Reform and Control Act. Can you meet this requirement? _____ Yes
 _____ No

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where offense occurred. _____

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

CURRENT AND FORMER EMPLOYERS: (Most Recent First. Please list any additional employers on a separate sheet of paper)

Date Month/Year	Employer Name, Address, Telephone and Supervisor Name	Salary Starting/ Ending	Last Position Held/ Job Duties	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Comments (including explanation of any gaps in employment):

* * *

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

I understand that, if employment is offered, I will be required to take a physical examination including a drug test and that my employment is contingent upon the results of both examinations and a background check.

Prior to being offered employment, I may be required to take an employment examination. In the event that I require an accommodation to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made.

I certify that the facts contained in this application and any resume or attachments, are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is on an at will basis, for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed. I further understand and agree that if employed, my at will status can not be modified unless in writing and signed by both the President of the Company and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release any provided references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

Applicant's Signature Date

May we contact your current employer prior to making an offer? _____ Yes _____ No

For Employer Use Only			
Interviewed By: _____	Date: _____	Hired: _____	Yes _____ No
Starting Date: _____	Position: _____	Wage: _____	