

# Environmental Wood Solutions II, LLC

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

<b>I. <u>PERSONAL INFORMATION</u></b> <i>(Please print legibly)</i> <b>(*OFFICE USE ONLY)</b>					
NAME <i>(Last, first and middle)</i>				*DATE OF HIRE	*PAY RATE
PRESENT ADDRESS	STREET	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	STREET	APT. NO.	CITY	STATE	ZIP
EMAIL ADDRESS:				HOME PHONE:	
ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		CELL PHONE:	

<b>II. <u>DESIRED EMPLOYMENT</u></b>					
POSITION INTERESTED IN			DATE YOU CAN START	SALARY DESIRED	
KIND OF WORK SOUGHT? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>			IF PART-TIME, PLEASE SPECIFY HOURS AND DAYS DESIRED		
OTHER <input type="checkbox"/> DESCRIBE:					
CAN YOU WORK REGULARLY? DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/>			DO YOU HAVE DEPENDABLE TRANSPORTATION? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SPECIFY ANY DAYS OR TIMES YOU ARE NOT AVAILABLE FOR WORK					
EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>		WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
EVER WORKED FOR THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>		WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
IF SO, REASON FOR LEAVING				NAME OF LAST SUPERVISOR AT THIS FIRM	
WHO REFERRED YOU TO US? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER:					
ARE YOU EMPLOYED NOW? Yes <input type="checkbox"/> No <input type="checkbox"/>			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>III. <u>EDUCATION</u></b>					
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS, CORRESPONDENCE					

<b>IV. GENERAL</b>
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

<b>V. FORMER EMPLOYERS</b> <i>(List below employers for the last five years starting with the most recent one first. Attach additional copies of this page, if necessary)</i>			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	STREET	CITY	STATE ZIP
STARTING DATE <i>(Month and year)</i>	LEAVING DATE <i>(Month and year)</i>	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	STREET	CITY	STATE ZIP
STARTING DATE <i>(Month and year)</i>	LEAVING DATE <i>(Month and year)</i>	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	STREET	CITY	STATE ZIP
STARTING DATE <i>(Month and year)</i>	LEAVING DATE <i>(Month and year)</i>	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
REASON FOR LEAVING			

<b>VI. REFERENCES</b> <i>(Please identify three persons to whom you are not related and whom you have known at least one year)</i>			
NAME	ADDRESS	PHONE	YEARS ACQUAINTED

<b>VII. ADDITIONAL INFORMATION</b>		
DO YOU HAVE ANY OTHER LICENSE, REGISTRATIONS, OR CERTIFICATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, list below and attach additional pages if necessary)</i>	HAVE YOU EVER HAD A PROFESSIONAL LICENSE, REGISTRATION, OR CERTIFICATION PLACED UNDER INVESTIGATION, SUSPENDED, REVOKED, OR OTHERWISE BEEN DISCIPLINED OR PLACED ON PROBATION? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, explain in detail on attached signed statement)</i>	
TYPE OF LICENSE	LICENSE NUMBER	ISSUING STATE
TYPE OF LICENSE	LICENSE NUMBER	ISSUING STATE
LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD, <b>EXCLUDING</b> GROUPS, THE NAME OR CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, MARITAL OR VETERAN STATUS		
STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.		
NAME AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN THE EVENT OF ACCIDENT OR EMERGENCY.		

<b>VIII. SERVICE RECORD</b>	
BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES	DATE OBLIGATION ENDS

<b>IX. ARREST RECORD</b>
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR HAVE ANY FELONY CHARGES PENDING AGAINST YOU? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please attach a signed statement including the date and nature of offense and related circumstances. Conviction of a crime will not necessarily disqualify you from employment)</i>

**X. DISABILITY ACCOMMODATION**  
 Have you reviewed the job description of the position for which you are applying? \_\_\_ Yes \_\_\_ No. If so, can you perform the essential job functions contained in the job description with or without reasonable accommodation? \_\_\_ Yes \_\_\_ No.

**XI. NOTICE OF RIGHTS FOR DISABLED PERSONS**  
 If you have a physical, mental or other impairment which would interfere with your ability to perform in a position but which may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires that you notify **Environmental Wood Solutions II, LLC** (the "Company") in writing of your need for accommodation within One Hundred Eighty-Two (182) days after you become aware or should reasonably have known that the accommodation was needed. All written requests for accommodation must be submitted to the President of the Company.

## **XII. NOTICE OF MEDICAL EXAMINATION**

Any offer of employment may be conditioned upon your ability to pass a medical examination and appropriate tests including drug and alcohol tests prior to the commencement of employment.

## **XIII. AUTHORIZATION AND AGREEMENT**

1. I certify that the facts contained in this application are true and complete to the best of my knowledge, information and belief and I understand that if I am employed, that falsified statements contained in this application shall be grounds for immediate dismissal.

2. I authorize the Company, to investigate all statements contained herein and the references listed above and to conduct, order and acquire any background information regarding me which the Company deems to be appropriate including, but not limited to, credit histories, criminal records, driving records, educational records, medical records, drug tests and all employment records including any and all disciplinary reports, letters of reprimand or other disciplinary action contained in my record with any employer or former employer (the "Background Information"). I understand and agree that the Background Information is of material importance to the Company and that the Company may refuse to hire me based on the content of the Background Information in the sole and absolute discretion of the Company and may re-verify such information at any time during my employment. I hereby request that all references listed herein, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to the Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to the Company. I consent to the disclosure and use of the Background Information by the Company and its retained professionals. I hereby waive my rights under the "Employee Right to Know Act," Act No. 397, Michigan Public Acts of 1975, to written notice of any disciplinary information disclosed by the aforementioned employer or former employer pursuant to this authorization.

3. I understand and agree that if employed, my employment with the Company is "At Will" and may be terminated, by the Company or by me, at any time, with or without prior notice, and for any reason whatsoever or for no reason, with or without cause and that the nature of my employment cannot be modified except in writing signed by the President of the Company.

4. I understand and agree that I may be required to take a physical examination or submit to a drug test as a condition of employment or continued employment, if hired. I agree to and consent to take such test(s) at such time as designated by the Company and release the Company, its directors, officers, members, partners, shareholders, agents, retained professionals, insurers or employees from any claim arising in connection with the use of such tests or disclosure of the results thereof.

5. I understand and acknowledge that, except for the provisions of Paragraph 6 of this Agreement, the policies of the Company may be changed unilaterally by the Company at any time without any notice to me. If employed, I hereby agree to comply with all rules, regulations and the policies established by the Company for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand the Company from time to time may make unilateral changes in its rules, regulations and personnel practices and policies that will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment including layoffs and terminations.

6. I understand and agree that in the event that a dispute arises concerning my employment with and/or termination from the Company the sole and exclusive method for resolving any and all disputes arising out of my employment or termination from the Company or in any way related to any alleged wrongful acts on the part of the Company, its affiliates, directors, shareholders, agents, members, partners, officers or employees relating to my employment, including but not limited to claims of breach of contract, wrongful discharge, retaliation, tort claims, invasion of privacy, slander, defamation, and/or any statutory claim including but not limited to discrimination or other violation under Title VII of the Federal Civil Rights Act, Age Discrimination in Employment Act, Americans With Disabilities Act, National Labor Relations Act, Fair Labor Standards Act, Family Medical Leave Act, Michigan Persons With Disabilities Act, Whistle Blowers Protection Act, Bullard-Plawecki Employee Right to Know Act and the Michigan Elliot-Larsen Civil Rights Act shall be through the procedures and policies of the American Arbitration Association; thereby waiving my right to adjudicate these claims in a judicial forum. I agree not to bring, and expressly waives my right to bring any action or claim under this Agreement as a member of any purported class or representative proceeding. Nothing in this Agreement, however, shall be construed to prohibit me from filing a charge with or participating in any investigation or proceeding conducted by the EEOC or a comparable state or local agency. Notwithstanding the foregoing, I agree to waive my right to recover monetary damages awarded or resulting from any such charge, complaint, or lawsuit filed by me or by anyone else on my behalf. This Agreement applies to all claims whether applicant becomes employed by the Company, whether brought during applicant's employment with the Company or at any time after termination of employment with the Company. Venue for any such arbitration hearing shall be Oakland County, Michigan. The parties hereby agree that the determination of the arbitrator shall be binding and final upon all parties. The award of the arbitrator may be filed with the Clerk of the Circuit Court for the County of Oakland Michigan and judgment may be rendered by the Court upon the arbitration award and execution may be issued upon the judgment. The cost for arbitration shall be split equally between myself and the Company, notwithstanding anything to the contrary in the employment rules of the American Arbitration Association or otherwise. The arbitrator shall not have the power to change, modify or otherwise alter the "At Will" nature of the employment relationship and the arbitrator's written determination shall be based solely upon the "At Will" nature of such employment relationship. In any proceeding under this Agreement, the parties shall have the right to representation by counsel at all steps of the procedure and reasonable discovery, including, but not limited to, interrogatories, document requests, depositions and subpoenas in accordance with Michigan State court rules. The parties may mutually agree that the arbitration therein be stenographically recorded, provided that each party shall equally share the cost of creating and printing the record.

7. I agree that any arbitration or judicial proceeding arising out of a dispute relative to my employment with the Company shall not be brought unless the same is commenced within One Hundred Eighty (180) days following the incident giving rise to such dispute. My failure to commence such proceeding within the One Hundred Eighty (180) day period shall result in the extinguishment of any rights I may have to prosecute such claims or actions. If any term or provision contained in this Agreement is construed or held to be invalid, void or unenforceable by a court of confident jurisdiction for any reason whatsoever, such term or provision shall be construed and enforced consistent with state or federal laws to render such provision and the remainder of this Agreement enforceable. Such ruling shall not affect the validity of the remainder of this Agreement.

8. I agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of such claim or action, including attorney fees, court costs, arbitration fees and all other costs associated with such action.

9. I hereby authorize the Company to deduct from my wages any sums loaned, advanced or paid on my behalf by the Company. I consent to such deduction freely and fully with the understanding that such deductions may substantially reduce a particular pay check.

10. I acknowledge and agree that I have reviewed and entered into this Agreement knowingly and voluntarily as a condition of employment and/or continued employment with the Company. This Agreement can only be changed or revoked by written agreement signed by both the Applicant and the President of the Company.

**\*\*PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.**

APPLICANT:

Dated: \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_

**\*Print Name:** \_\_\_\_\_