



10625 West 8 Mile Road
 Detroit, Michigan 48221
 Telephone: (313)862-3344

EMPLOYMENT APPLICATION

All applications **MUST** be typed and submitted in person along with chauffeur's license and DOT medical card.

Minimum Requirements to APPLY for Drivers:

- Photocopy of valid Michigan Chauffeur's Driver License and DOT Health Card
- no more than 2 points on your driving record.
- YOUR APPLICATION WILL NOT BE ACCEPTED IF THE ABOVE REQUIREMENTS ARE NOT MET

APPLICANT INFORMATION			
Last Name:	<input type="text"/>	First:	<input type="text"/>
M.I.:	<input type="text"/>	Date:	<input type="text"/>
Street Address :	<input type="text"/>		Apartment/Unit #:
City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/>	Drivers License#:	<input type="text"/>
Date of Birth:	<input type="text"/>	Medical Restrictions:	<input type="text"/>
Date Available:	<input type="text"/>	Social Security No:	<input type="text"/>
		Desired Salary:	<input type="text"/>
Position Applied for:	<input type="text"/>		
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	<input type="text"/>
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	<input type="text"/>

EDUCATION			
High School:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	<input type="text"/>
College:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	<input type="text"/>
Other:	<input type="text"/>	Address:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	<input type="text"/>

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	<input type="text"/>
Relationship:	<input type="text"/>
Company:	<input type="text"/>
Phone:	<input type="text"/>
Address:	<input type="text"/>
Full Name:	<input type="text"/>
Relationship:	<input type="text"/>
Company:	<input type="text"/>
Phone:	<input type="text"/>
Address:	<input type="text"/>

PREVIOUS EMPLOYMENT

Company: <input type="text"/>		Phone: <input type="text"/>	
Address: <input type="text"/>		Supervisor: <input type="text"/>	
Job Title: <input type="text"/>	Starting Salary: <input type="text"/>	Ending Salary: <input type="text"/>	
Responsibilities: <input type="text"/>			
From: <input type="text"/>	To: <input type="text"/>	Reason for Leaving: <input type="text"/>	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company: <input type="text"/>		Phone: <input type="text"/>	
Address: <input type="text"/>		Supervisor: <input type="text"/>	
Job Title: <input type="text"/>	Starting Salary: <input type="text"/>	Ending Salary: <input type="text"/>	
Responsibilities: <input type="text"/>			
From: <input type="text"/>	To: <input type="text"/>	Reason for Leaving: <input type="text"/>	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MILITARY SERVICE

Branch: <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>
Rank at Discharge: <input type="text"/>	Type of Discharge: <input type="text"/>	
If other than honorable, explained: <input type="text"/>		

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for illumination from consideration for employment, or termination after employment if discovered at a later date. I authorize U.S. Ice Corp to investigate, without liability, all statements contained in this application and supporting material. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of U.S. Ice Corp serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file all required federal and state forms, and to comply with company regulations. May result in my release.

Signature: <input type="text"/>	Date: <input type="text"/>
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AUTHORIZATION FOR U.S. ICE CORP TO OBTAIN APPLICATION FOR D.M.V. RECORDS

During the application process and at any time during the tenure of my employment with U.S. Ice Corp, I hereby authorize ChoicePoint Service, Inc., on behalf of myself to procure a consumer report which I understand may include information regarding my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The report may be compiled with information from credit bureaus, court record repositories, department of motor vehicles, past or present employers in educational institutions, governmental occupational licensing, registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Signature <input type="text"/>	Date <input type="text"/>
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DRIVERS MUST PROVIDE A PHOTOCOPY OF YOUR VALID MICHIGAN CHAUFFEURS LICENSE AND DOT HEALTH CARD UPON SUBMISSION OF THIS APPLICATION. Failure to do so will terminate consideration for employment.

