PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Michaelis Corporation

Insurance Restoration Service



APPLICATION FOR EMPLOYMENT

				DA ⁻	ΓΕ		
Namo							
Name	Last	First		Middle		Maiden	
Present address							
	Number	Street	City	State	Zip		
			Social Security No				
Telephone ()							
US Citizen: Yes	No						
If No, Are You authorize	d to work in US	_					
Position Applied for							
Salary Desired							
	· · · · · · · · · · · · · · · · · · ·						
HAVE YOU EVER REE!	N CONVICTED OF A CRIM	1F 2	□ No	□ Ye	ae		
						onac(a) was wore	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.							
TYPE OF SCHOOL	NAME OF SCHOOL		LOCATION		MBER OF YEARS	MAJOR &	
			plete mailing ddress)		COMPLETED	DEGREE	
High School			,				
College							
		MILI'	TARY				
HAVE YOU EVER BEEN	IN THE ARMED FORCES	S?	□ Yes □ No				
	BER OF THE NATIONAL (□ Yes	. □ No	.		
Specialty	DETTO THE WATHOUTE	Date Er			, Discharge Date	•	
Specially		Date El	itereu		Discharge Date	<u> </u>	
Previous Employ	ment						
Name of employer Address			Name of last supervisor		Employment dates	Pay or salary	
City, State, Zip Code Phone number					From	Start	
i none number				-	Го	Final	
			Your last job ti			<u> </u>	

Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number		From	Start				
	То		Final				
	Your Last Job Title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
Name of employer Address	Name of las supervisor	t Employment d	ates Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job tit	Your last job title					
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
Please list two professional references							
Name							
Company							
Address							
Telephone ()							
Name							
Company							
Address							
Telephone ()							

Disclaimer and Signature

Signature

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I certify that my answers are true and complete to the best of my knowledge.	If this application leads to employment, I
understand that false or misleading information in my application or interview ma	ay result in my release.

Date