EMPLOYMENT APPLICATION			MOTOR CITY SOLUTIONS INC.			
Programs, Services and employment a Department if you require reasonable a	are available to everyone. Please infor	m the Huma	n Resource		Date://	
APPLICATION DA		iterview.			Position applied for:	
Full Name:						
LAST	FIRST		MIDDLE			
Address:	City:			State:	Zip:	
Home Phone:	Cell Phone:		e-mail Ad			
Date available to start:	Social Security	#		Salary Re	quirements	
How were you refereed to us?  If you are under the age of 18 will no please explain:	we require a work permit, can	you furnis	h one?		Yes No N/A	
Have you ever worked for this of Are you a citizen of the United Type of employment desired: Have you ever pled "guilty" or " If yes give details:	States? Yes Full-time F	No No Part-time		do you have ] Temporary Yes [	· · —	
Answering yes to these questions does violation, rehabilitation and position app. Driver's license number		to employme	ent. Date of to State:	he offense, serio	usness and nature of the	
Do you have a Chauffeur's Lice	ense? Yes No					
<b>EDUCATION</b>						
High School:		Address:	l No	_	Dograo:	
Years completed: College/University:	Did you graduate?	Yes \ddress:	No L		Degree:	
Years completed:	Did you graduate?	Yes	7 No [	$\overline{}$	Degree:	
REFERENCES  Please furnish the names  Name:		f two people	to whom you	u are not related Phone:	and by whom you have not been employed.	
Address:	City:			State:	Zip:	
Name:	- ',			Phone:	'	
Address:	City:			State:	Zip:	
SUMMARIZE YOU	<u> </u>	S OB	OUA	<b>-</b>	<b>-</b> .p.	
PREVIOUS EMPLO  Dates of Employment: From_ Firm:	OYMENT (most re			sition(s) Held:		
Phone:	Supervisor:			Title:		
Responsibilities:	·					
Starting Salary and Title:			Ending S	Salary and Titl	e:	
Reason for leaving:						
May we contact this employer f I certify that my answ personal, employment, educational, fina I hereby release employers, schools of	ers are true and complete to the best ancial, or medical history and other re	lated matters	s as may be i	necessary for an		
In the event I am employed I understan	d that false or misleading information	given in my a	application o	f interview(s) ma	y result in discharge	
Signature of Applicant:				_	Date:	