ph 616.399.8850 fax 616.399.8860 www.mwwatermark.com

JOB APPLICATION FORM

PERSONAL INFORMATION:			
First Name:			
Middle Name:			
Last Name:			
Street Address:			
City, State, Zip Code:			
Phone Number: ()	Email:		
Are you eligible to work in the United States?	Yes No		
If you are under the age of 18, do you have an emplo	oyment/age certificate? Yes	No	
Have you been convicted of or plead no-contest to a	felony within the last five years?	Yes	No
If yes, please explain:			
POSITION AVAILABILITY: Position applied for:			
Date available to start work:			
EDUCATION:			
Name and address of school/institution – degree/dip	oloma – graduation date		
Skills and qualifications: Licenses, Skills, Training, Awa	ards		

DOC00013-03-1013



M.W. WATERMARK, L.L.C. 4660 136th Avenue Holland, MI 49424

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EMPLOYMENT HISTORY:

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Present or last position	
Employer:	_
Address:	_
Supervisor:	_
Phone Number: ()	
Position title:	
From: To:	
Starting salary: Ending Salary:	
Responsibilities:	
Reason for leaving:	
May we contact this employer? Yes	
<u>Previous position</u>	
Employer:	_
Address:	_
Supervisor:	_
Phone Number: ()	Email:
Position title:	<u> </u>
From: To:	<u> </u>
Starting salary: Ending Salary:	
Responsibilities:	
Reason for leaving:	
May we contact this employer? Yes	_ No

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Previous position Employer: Address: Supervisor: Phone Number: (______ Email: _____ Position title: From:______ To: _____ Starting salary: _____ Ending Salary: _____ Responsibilities: Reason for leaving:_____ May we contact this employer? Yes _____ No ____ **REFERENCES:** Name/Title - Address - Phone number I certify that all information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this application or during the pre-hire process (including falsification of information on a submitted resume) will be sufficient reason for my not being offered employment or to be dismissed at any time from MW Watermark, if employed. I also understand that if offered employment, it will be "at-will", where my employment and compensation is for no definite period and may be terminated at any time by me or MW Watermark with or without cause and without previous notice. I acknowledge that no company employee has the power to enter in agreement for employment for any specified amount of time, or to make any agreements contrary to any of the above unless it is in writing and authorized by the company's President. As a condition of employment, I agree to a 180-day statute of limitations for all employment-related claims.

Applicant Signature: _____ Date: _____

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Revision Table				
Rev. Number	Description	Date	Ву	
0	Document Created	08/16/10	DRL	
1	Added note for background checks and drug testing	06/28/11	DRL	
2	Added SSN, ID Num and sizes for company uniforms	07/15/13	DRL	
3	Added date of birth for background checks	10/03/13	DRL	
4	Removed back ground check and drug screening information	10/27/2014	CLG	
5	Added disclaimer above signature	10/27/2014	CLG	