



Describe how you would perform the job functions involved in the job or occupation for which you have applied.

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## EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

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List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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## WORK/PROFESSIONAL REFERENCES

(List Individuals who can attest to your work performance.)

Name

Mailing Address\*

Telephone

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\*List complete mailing address, including street or PO number, city, state and zip code.

## MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?    Yes     No

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged?                      Yes     No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

## EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

## AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawewski Employee Right-to Know Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I authorize Northpointe to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I understand that any employment offer is conditional upon the results of a post offer pre-employment medical examination, if required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Director of Human Resources in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify Northpointe will preclude any claim that the employer failed to accommodate the handicapper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

7. In consideration of my employment, I agree to conform to the rules and regulations of Northpointe, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either Northpointe or myself. I understand that no officer or representative of Northpointe has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Chief Executive Officer of Northpointe, and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to Northpointe's employment at-will policy or about Northpointe's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. I agree that any lawsuit against Northpointe arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes including the Elliott-Larsen Civil Rights Act, must be filed within six months of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**