

## **APPLICATION FOR SEASONAL EMPLOYMENT**

USPBL MI, LLC is an equal opportunity employer and is committed to recruit, employ, and promote personnel without regard to race, color, gender, age, religion, national origin, pregnancy, veteran status, or any other class protected by state or local law in compliance with all Federal and State legislation and regulations pertaining to non-discrimination. USPBL MI, LLC is a seasonal employer and does not hire year-round, full-time employees.

PLEASE PRINT	ALL INFORMATION	Date:/	/	Social S	ecurity Number:	<u></u>	
Name:							
	LAST			FIRST	MI	DDLE	
Prior names under	which you have worke	d:					
Daytime Phone:			E	vening Phone:			
Present Address:							
	STREET			CITY	STATE		ZIP
Are you over the a	age of 16? o Y	es o No		Are you legally	eligible to work in the	eUS? oYe	es o No
15, 2023 and cor If no, why?	able to work for the fu tinue through Septem	ber 9, 2023?	o`	/es	o No	-	n Monday, Ma
	week are you availab e day are you available						
Do you have any	family members current	y employed here?	o Yes	s o No			
lf yes, Name: _		Departme	ent:		Location:		
Have you worked	for this employer in the	e past? o Ye	es o No	)			
I. EMPLOYEE	HISTORY	PLEASE LIST AL	L EMPLOYI	MENT BEGINNING	WITH THE PRESENT O	R LAST EMPLC	DYER
Date of Employment	Employer	Address & Phor	ne	Position	Supervisor	Starting Salary	Ending Salary

	Employer			Capervisor	out any outary	Enaling Guidi y		
From - To					\$	\$		
Description of Job Duties Performed:								
Reason for Leaving Employment: o Resigned o Discharged o Laid Off o Other If other, please explain:								
Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary		
From - To					\$	\$		
Description of Job Duties Performed:								
Reason for Leaving Employment: o Resigned o Discharged o Laid Off o Other If other, please explain:								
	ent: O Resigned O Discharged C	Laid Off o Other If other, please explain:						
Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary		
Date of Employment From - To		· · ·	Position	Supervisor	Starting Salary	Ending Salary \$		
	Employer	· · ·	Position	Supervisor				



Date of Employment	Employer	Address & Phone	Position	Supervisor	Starting Salary	Ending Salary	
From - To					\$	\$	
Description of Job Duties Performed:							
Reason for Leaving Employme	nt: o Resigned o Discharged c	Laid Off O Other If other, please explain:					

(Attach additional sheets if necessary) May we contact the employers listed above? o Yes o No If not, please indicate the employer(s) you do not wish us to contact and explain:

## **II. EDUCATION**

	School	Location	Areas of Study	Years Attended	Graduate (Yes or No)	Diploma, Degree, or Certificate
High School						
Technical School						
College						
Graduate School						

## **III. REFERENCES**

Name	Relation	Address	Phone	Years Acquainted

IV. TRAINING AND CERTIFICATIONS

PLEASE PROVIDE ANY RELEVANT TRAINING AND/OR EXPERIENCE

Skills	Training Experience Description	Training		Certification		Experience	
		Months	Years	Months	Years	Months	Years

V. SERVICE HISTORY

IF YOU SERVED IN THE U.S. ARMED FORCES, PLEASE COMPLETE THE FOLLOWING

Branch of Service	Date of Discharge	Rank at Discharge		



VI. MOTOR VEHICLE LICENSE OR PERMITS PLEASE LIST ALL MOTOR VEHICLE LICENSES OR PERMITS YOU POSSESS

License Number	Permit Number	Personal or Commercial	State Issued	Expiration Date		
Have you ever had any of your licenses/permits denied, revoked, or suspended? o Yes o If yes, please explain:						

Have you been convicted of violating any motor vehicle laws or ordinances (other than parking) within the past four (4) years? o Yes o No

If yes, please explain:

## AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that USPBL MI, LLC may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize USPBL MI, LLC to do the same. I understand and acknowledge that if hired, any misrepresentation or omission of fact by me on this application or during the hiring process can result in immediate discharge.

If I resign or if I am terminated, I authorize USPBL MI, LLC to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any third party, future employer, or prospective future employer, without my receiving any prior notice, and I release USPBL MI, LLC from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and policies of USPBL MI, LLC, including, and without limitation, the rules and policies contained in the Employee Handbook. I understand and acknowledge that, if hired, I will be an employee at will and that my employment can be terminated, with or without cause, and with or without notice, at any time at the option of either USPBL MI, LLC or myself. I further understand and agree that no manager, representative, agent or employee of USPBL MI, LLC, except the Chief Executive Officer of the Company, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, if I am hired, and that any such agreement or representation must be in writing and signed by both myself and the USPBL MI, LLC in order to be effective.

I understand that by completing this application, I am granting USPBL MI, LLC the right to contact previous employers listed as references on this application form and any resumes or attachments, and that drug tests, cognitive ability tests, physical exams, or electronic or other tests may be used in the employment decision. I further understand that any offer of employment received is **conditional** until such time as the results of any required back-ground check and/or pre-employment drug testing are known, and is further conditioned upon verification of the information contained in this application. I understand and agree to furnish written parental consent, when requested, if at the time of this application I am less than 18 years of age. I also understand and acknowledge that, as a part of the hiring process, if hired, I may be required to submit to a medical/physical examination, to the extent necessary to determine my ability to perform the essential functions of the job, at the company's discretion and expense.

I understand that USPBL MI, LLC is a seasonal employer and does not hire year-round, full-time employees. I further understand that if I am hired by USPBL MI, LLC as a seasonal employee, I will not be eligible for benefits and I will not be able to file for unemployment benefits when my seasonal employment with USPBL MI, LLC ends. USPBL MI, LLC is an equal opportunity employer and therefore complies with the laws prohibiting discrimination on such factors as race, color, religion, sex, height, weight, national origin, citizenship, age, marital status, sexual orientation, disability, veteran status, physical or mental challenges, or other protected characteristics.

Application forms are active for 6 months and applicant must re-apply or reactivate their application after that period of time. Falsification of application information can be grounds for reprimand or immediate termination.

Applicant Name: \_\_\_\_\_

PLEASE

Applicant Signature: \_\_\_\_\_

Date: