

A WORD TO OUR APPLICANTS

It is our policy to offer equal opportunity to all, based upon individual merit and without regard to race, creed, color, age, sex, religion, national origin, citizenship, marital status, height, weight, genetic information (regarding employee or family), family medical history, Vietnam Era Veterans Status or physical or mental disability (provided that the disability – with or without a reasonable accommodation – would not interfere with your ability to perform the essential functions of the position applied for or constitute a safety hazard), to the extent required by law.

We do not condone harassment relating to a person's race, color, religion, sex, national origin, citizenship, height, weight, genetic information, age, or physical or mental disability. We prohibit the use, distribution, sale, or possession of drugs, and controlled substances while at work. We prohibit reporting to work under the influence of alcoholic beverages, drugs, or controlled substances.

Our organization participates in E-Verify. We will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

If you execute and submit this Application electronically to **MIDSTATE SECURITY COMPANY, LLC**, you agree to the following: (1) you voluntarily agree to submit your Application and the information you provided in it electronically; and (2) your electronic signature is your own.

PLEASE COMPLETE ENTIRE APPLICATION
APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT AND SIGNED

Name: _____ Phone (_____)
 Last First Middle

Address: _____
 Street Apt. No. City State Zip

Are you 18 years of Age of Older? ____Yes ____No

Are you legally authorized for employment in the United States? ____Yes ____No (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Position Applying For: _____

Type of Employment Desired: ____Full-Time ____Part-Time ____Temporary ____Summer

Salary Desired: _____ Have you been previously employed here? ____Yes ____No

If yes, dates: _____ to _____ Position: _____

Location: _____ Supervisor: _____

How did you hear about the position? _____

List any friends or relatives currently working here: _____

Have you ever been convicted of any law violation (except a minor traffic violation)? ____Yes ____No

If yes, give details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, safety concerns and the job for which you are applying is also considered.)

Are there any felony charges pending against you? ____Yes ____No. If your answer is yes, please list all such cases on the back of this application. List the date, charge, name and location of courts, and penalty imposed or action taken.

Have you ever been suspended or discharged from employment or forced to resign? ____Yes ____No

Is there anything that will prevent you from performing the essential functions of the position for which you have applied with or without accommodation? ____Yes ____No

If you need an accommodation to perform the essential functions of the job for which you have applied, please explain: _____

Education and Training – list the highest level of education completed.

Type of School	School Name	City/State	Number of Years Attended	Type of Degree or Diploma	Field of Study	Did You Graduate?
High School						
Vocational/ Trade School						
College						
Graduate School						

List any training, licenses, and/or professional memberships which are related to the position for which you have applied. _____

Work or Volunteer Experience (list most recent position first). **Please Do Not Use Statement "See Resume."**

Name of Employer: _____ Phone: () _____

Address: _____

City: _____ State: _____ ZIP: _____

Employment Dates: _____ to _____ Supervisor: _____ Rate of Pay: \$ _____
Mo. / Yr. Mo. / Yr.

Job Title and Duties: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Phone: () _____

Address: _____

City: _____ State: _____ ZIP: _____

Employment Dates: _____ to _____ Supervisor: _____ Rate of Pay: \$ _____
Mo. / Yr. Mo. / Yr.

Job Title and Duties: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Phone: () _____

Address: _____

City: _____ State: _____ ZIP: _____

Employment Dates: _____ to _____ Supervisor: _____ Rate of Pay: \$ _____
Mo. / Yr. Mo. / Yr.

Job Title and Duties: _____

Reason for Leaving: _____ Okay to check reference? Yes No

References – list three business references (not relatives).

_____	Phone: (____)
Name	Relationship
_____	Phone: (____)
Name	Relationship
_____	Phone: (____)
Name	Relationship

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

CERTIFICATION: I certify that all information contained in this application is true and complete. I recognize that any falsification, misrepresentation or omission may result in immediate dismissal or refusal of employment. I understand that if I am hired, all employment is “at will” and cannot be modified by oral statements or other communications. Only the Company’s President has the authority to modify “at will” employment, and any such modification must be in writing and signed by the Company President. I understand that nothing in this application, company policies or any other communications can modify my “at will” employment. I also understand that the Company can modify its policies or procedures at any time without prior notice to me. Finally, I agree to execute and submit the Company’s application and other documents required and/or requested by the Company by electronic means and my electronic signature is that of my own (and satisfies any signature requirement recognized under Michigan law).

It is the applicant’s responsibility to ensure that all information is filled out correctly and any errors in electronically filling out any requested information should be immediately brought to the Company’s attention by the applicant (but in any event no longer than 24 hours after the documents was electronically submitted to the Company). Otherwise, the Company will rely on all information submitted by applicant and such information will be considered applicant’s truthful, complete and accurate submission.

I acknowledge that I have read the above certification before signing.

Applicant signature

Date: ____ / ____ / ____

CONTRACTUAL ACKNOWLEDGEMENTS

In consideration of Midstate Security Company, LLC reviewing and/or accepting my Application and/or employing me, I agree to the following:

- 1. Limitation on Claims.** I understand and agree that if I bring any action against the Company, including any claims or lawsuits that relates in any way to my Application, employment or termination with Midstate Security Company, LLC, I must do so within six months of the wrongful act or the termination of my employment or the time limit specified by law, whichever is shorter (except where state or federal law specifically bars a waiver of statutory time periods). However, if a discrimination claim is filed with a federal agency, the six-month time period will be extended to 90 days after the receipt of a right to sue letter. I agree to specifically waive any statute of limitations period to the contrary.
- 2. Jury Waiver.** I understand and agree that notwithstanding any rights to a jury trial for any claims, I expressly, voluntarily, and knowingly waive any such right to a jury trial, and agree that any claim of any type (including but not limited to employment discrimination litigation, wage litigation, defamation, or any other claim) filed in any court will be tried, if at all, without a jury.
- 3. Michigan Law.** Midstate Security Company, LLC conducts business and may employ workers in multiple states. As a result, it is important for the Company to have a unified law apply to its employment relationships. It is also important for the Company and me to agree on, if a dispute arises, where a complaint and/or dispute would be decided. As a result, I agree and consent that any application or employment decisions and/or employment matters concerning me will be governed by and interpreted in accordance with Michigan laws. I consent and agree that any action arising out of this Application or any employment relationship between the Company and myself must be brought in the State of Michigan, County of Kent. I consent and submit to the jurisdiction of the state and federal courts and administrative agencies in Michigan. I acknowledge and agree that the Company would not consider my application and/or employ me without my affirmative representation, acknowledgment and consent to Michigan laws and submission to personal jurisdiction in Michigan courts and/or agencies.
- 4. Need for Accommodation.** If I am disabled and require an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.
- 5. Consideration for Employment.** I understand that my application will be considered pursuant to the Company's normal practice for a period of thirty (30) days. If I am still interested in employment thereafter, I must re-apply.
- 6. Consent to chemical screening test and release of liability.** I understand that according to Midstate Security Company, LLC's policy, I am required to submit a sample of my urine, blood or hair for chemical analysis. I understand that the sample will be taken and analyzed by qualified laboratory personnel at a provider of Midstate Security Company, LLC's discretion. I understand that the purpose of the analysis is to determine or exclude the presence of non-prescribed drugs, prescribed but prohibited drugs, alcohol and/or controlled substances in my sample.

I consent freely and voluntarily to provide the samples for analysis and authorize a report to Midstate Security Company, LLC. I agree and understand that if the analysis indicates the presence of non-prescribed, prescribed but prohibited drugs, alcohol and/or controlled substances in my sample, it will result in my rejection as a candidate for employment with Midstate Security Company, LLC. If I am a current employee, it will subject me to the disciplinary procedures, which may result in my

discharge. Further, if there are extenuating circumstances, I have the burden of proving to Midstate Security Company, LLC's satisfaction that the drug and controlled substance is being used legally pursuant to a qualified doctor's prescription in order to be further considered for employment at the company.

I understand and agree that if I am hired by Midstate Security Company, LLC or during my employment with Midstate Security Company, LLC, I may be required to submit to further tests of my urine, blood or hair if Midstate Security Company, LLC so desires whether at random or because Midstate Security Company, LLC has a cause to believe that I am using non-prescribed drugs, prescribed but prohibited drugs, alcohol and/or controlled substances or if Midstate Security Company, LLC is investigating a work-related incident involving or related to my work activities.

I understand that if I fail to abide by the Midstate Security Company, LLC policy or refuse to take the appropriate chemical testing that I will be subject to discipline including discharge as determined solely by Midstate Security Company, LLC. I hereby release Midstate Security Company, LLC, their employees, agents and contractors from any and all liability arising out of the request made to me by Midstate Security Company, LLC to furnish urine, blood or hair samples, the testing of samples, the reporting discussion of the results of analysis of the samples.

I agree that the above sections are contractual in nature and I will be bound by them. I agree to submit this application and other documents required by the Company by electronic means and my electronic signature is that of my own (and satisfies any signature requirement recognized under Michigan law).

Applicant signature _____ Date: ____/____/____

Applicant name printed: _____