SIGN OF THE TILE PRO

Artisan Tile Inc.

NOBODY BUILDS LIKE UNION CONTRACTORS AND CRAFTSMAN

APPLICATION FOR AT-WILL EMPLOYMENT

Artisan Tile Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristics that are protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. **Up-to-date as of May 2022*

Personal Information

Name (Last, First, Middle)		Date	
Address	City	State	Zip
Mobile Number	Phone Number	Email Address	

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Are you 18 years of age or older?
Yes ☐ No ☐

Emergency contact

Name	Relationship	Phone Number	Address

Position Applying For

Position You Are Applying For	Available Start Date	Desired Wage

Union? Yes ☐ No ☐	Home Local	Position/level

Please note any days/times you cannot work:

Monday *Thursday*

Tuesday *Friday*

Wednesday *Saturday*

Have you applied to Artisan before? Yes ☐ No ☐	If so, when?	If so, under what name?

Current/previous Employment Information

Are you employed now? Yes ☐ No ☐	May we contact your present employer? Yes ☐ No ☐ *If yes, please fill out the lines below. If no, ignore.*	
Current place of work	Contact person's name	Contact person's phone number

Have you been convicted of a crime except for a minor traffic violation? Yes ☐ No ☐	Are you a U.S. citizen/lawfully entitled to be employed in the United States? Yes ☐ No ☐

If yes, please state citation, date, and place where the offense occurred.

Do you have U.S. Military experience? Yes ☐ No ☐	Date Entered	Date Discharged	Honorably? Yes ☐ No ☐

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Previous Employment Information

Please list most recent work experience first

Employer (1)	Phone Number	Starting Salary	Ending Salary
Location			
Start date	End date	Reason for leaving	
Last position held/responsibilities:			

Employer (2)	Phone Number	Starting Salary	Ending Salary
Location			
Start date	End date	Reason for leaving	
Last position held/responsibilities:			

Employer (3)	Phone Number	Starting Salary	Ending Salary
Location			
Start date	End date	Reason for leaving	
Last position held/responsibilities:			

May we contact the employers listed?* Yes ☐ No ☐
If no, which one(s)?

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

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References

Three individuals not related to you, whom you have known for at least one year

Name	Years Known	Phone	Email	Relationship
(1)				
(2)				
(3)				

Education

	Name/Location of School	No. of years Attended	Did you graduate?	Subject/Major
Elementary/Jr High				
High School			Yes ☐ No ☐	
College/Trade School			Yes ☐ No ☐	
Specialized Training			Yes ☐ No ☐	

Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will effect my ability to take the test, I will so inform the Artisan Tile Inc. prior to the administration of the test so that a reasonable accommodation can be made. Artisan Tile Inc. reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for an employment related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Signature Printed Name Date

For Employer Use Only:

Interviewed By:	Date	Hired? Yes ☐ No ☐	
Starting Date:	Position:	Wage	Other Notes:

End of Application