



National Coney Island, Inc.

Application for Employment

Date: _____

National Coney Island, Inc. is an equal opportunity employer

Print Clearly

Name		Home Phone
Address	City	Zip
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay desired	
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours that you can work	Cell Phone
Position Desired		Email
Are you employed now <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #

Current/Former Employers (start with the most recent one first)

Date Month and Year	Name and Phone # of Employer	Salary	Position	Reasons for Leaving
From				
To				
From				
To				

Documentation of authorization to work in the U.S. is required. Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a crime other than a misdemeanor? Yes No If yes, describe _____

(A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered).

Are you able to perform the essential functions of the job you are applying for with or without accommodation? Yes No

In case of emergency, notify:

Name Address Phone

All the information provided by me is true and complete. I understand that any false information, misrepresentation, or material omission may result in discipline or discharge. I authorize investigation of all statements in this application and regarding my previous employment and disclosure of any information, personal or otherwise, related to my background and I release all parties from liability for furnishing or requesting such information.

Under Michigan law, but not federal law, I understand that have 182 days from the date I know or reasonably should know that an accommodation is needed to request, in writing, an accommodation. Failure to do so may result in a loss of rights under Michigan law.

I understand that if hired my employment is on an at-will basis, which means that it may be terminated by either me or the Company for any reason or no reason, with or without cause, at any time, with or without advance notice or warning. Only an agreement in writing expressly for the purpose of modifying the at-will nature of employment and signed by the Company's CEO can modify the at-will nature of employment. I agree to abide by the Company's rules, regulations, policies, and procedures. I further understand and that I may be required to submit to tests for drugs and/or alcohol at the Company's discretion. I understand that the Company's rules and regulations may change with or without advanced notice to me.

In consideration of my employment, I agree not to commence any action or suit against NCI, its employees or agents relating to my employment or the termination of my employment with the Company more than 180 days after the event giving rise to the claim(s) or be forever barred. I understand that I am waiving any statute of limitation longer, but not shorter, than this period. However, I understand that this provision does not limit my ability to pursue a federal agency charge or a claim resulting from such charge beyond that time period as permitted by law.

I understand that by my signature below I am accepting the terms and conditions above that will govern my employment with NCI.

Signature _____

Date _____