



Argent International, Inc.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of age, race, color, national origin, religion, sex, disability, height, weight, marital status, arrest record, veteran status, genetic traits, and/or any other characteristics protected by federal, state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application.

Position Information

Job Applied For _____ Today's Date _____

What kind of employment are you seeking? Full-time Part-time Temporary

When could you start working? _____

General Information

Last Name Full Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No

If you are hired and are under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you been convicted of a felony within the last ten years? Yes No

If yes, give details _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

Are you on layoff and subject to recall by another employer? Yes No

Education Information

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ <i>Subjects Studied:</i> _____ _____		
Vocational or Technical:: _____ _____ <i>Subjects Studied:</i> _____ _____		

Special Skills

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that pertain to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? _____ Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? _____ Yes No

If yes, give details _____

Work History

List all of your previous jobs in consecutive order, starting with your present or last job. Account for all periods of time including military service and any period of unemployment. Exclude organization names that indicate race, color, religion, sex, national origin, age, height, weight, marital status, veteran status, genetic traits, disability, or any other factors prohibited by law. If self-employed, give firm name and supply business references.

<u>Name of Employer:</u>	Supervisor:
Address:	Number of Years Employed:
City, State, Zip Code:	Pay:
Telephone:	Start\$ Final \$
Title:	Reason for Leaving:

Duties: _____

<u>Name of Employer:</u>	Supervisor:
Address:	Number of Years Employed:
City, State, Zip Code:	Pay:
Telephone:	Start\$ Final \$
Title:	Reason for Leaving:

Duties: _____

<u>Name of Employer:</u>	Supervisor:
Address:	Number of Years Employed:
City, State, Zip Code:	Pay:
Telephone:	Start\$ Final \$
Title:	Reason for Leaving:

Duties: _____

You must attach a separate sheet if you have been employed by any other employer not listed above.

References

Have you worked or attended school under any other name? Yes No

If yes, give names: _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers (include name, address and phone number for each):

1. _____

2. _____

3. _____

IMPORTANT NOTICE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING,
WHICH INDICATES YOUR AGREEMENT TO THE FOLLOWING:

1. I acknowledge that every question on this application is material. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant and/or my termination from employment.

2. I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation, which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.

3. I have been given and read a separate Disclosure Notice and Authorization Regarding Consumer and Investigative Reports. I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application. I further authorize the Company and/or its agents to contact my present employer (unless checked "no" above), former employers, educational institutions and references concerning my character, experience and ability. Each of these persons/entities are authorized to provide the Company with any information about me. I release such persons/entities from any and all liability for providing information regarding me, and I waive any and all notice(s) I would otherwise be entitled to receive by law in connection with the release of such information.

4. I understand this application will remain active for forty-five (45) days from the date it is submitted. If I wish to be considered for employment after this application expires, I will inquire with the Company and must submit a new application.

5. I understand that if I have a disability I must timely tell the Company in writing of my need for an accommodation within 182 days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.

6. I understand I am applying for an "at will" employment position, which means either the Company or I may terminate my employment at any time, with or without cause, and with or without notice. This is my entire agreement with the Company on the subject of the duration of my proposed employment. The at-will nature of my employment may be changed only by a subsequent agreement in writing signed by the President of the Company, addressed specifically to me, and entitled "Amended Employment Agreement." I acknowledge that the Company may, in its sole discretion, modify my assigned work hours, duties, place of work, compensation, and other terms of employment.

7. I understand that, if hired, I must abide by the Company's policies and procedures as may be amended from time to time. Further, I understand I must execute other agreements as required by the Company, including the

Argent Confidentiality and Secrecy Agreement.

8. Michigan law shall apply to this application and my employment, regardless of choice-of-law principles. In the event that one or more provisions of this application are declared void or unenforceable, such provision shall be severed and the balance of the provisions shall remain in effect.

9. **Shortened Limitations Period for Claims.** I agree to file any claim arising out of or in any way related to my application, employment and/or cessation of employment within one hundred-eighty (180) days after the claim(s) arise(s), or within the applicable statutory limitations period(s) provided by law, whichever occurs first, and my failure to do so shall act as a bar to any claim(s) that I may have. I waive any longer statutory limitations period to the contrary.

10. **Arbitration and Waiver of Right to Jury Trial.** Except as set forth in any specific agreements between me and the Company, I agree that ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR THE TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OR HARASSMENT OF ANY KIND, INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), EXCEPT AS THOSE RULES CONFLICT WITH MICHIGAN LAW. The AAA's rules and procedures are publicly available and may be found on the AAA's website (www.adr.org). All substantive rights provided under any applicable statute and/or law, the right to representation by counsel, an opportunity for reasonable discovery, a neutral arbitrator, a fair arbitral hearing, and a written arbitral award containing findings of facts and conclusions of law shall be available in the arbitration. The AAA's administrative fee and the Arbitrator's fees and expenses shall be paid by the Company to the extent required by the AAA rules, but any costs and attorney fees incurred by me in the arbitration shall be paid by me unless such costs and attorney fees are awarded based upon the Arbitrator's decision. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN A TRIAL IN COURT AND BEFORE A JURY, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.

If you need extra time to consult with an attorney, to consider whether to sign this application, or to better understand its contents, please take such extra time as you may need.

I hereby acknowledge that I have read the above notice, understand and agree to same, and certify as true and accurate all information I have provided herein.

DATED _____ APPLICANT'S SIGNATURE _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
DISCLOSURE NOTICE AND AUTHORIZATION REGARDING
CONSUMER AND INVESTIGATIVE REPORTS**

IMPORTANT: Please read and consider carefully before signing.

In accordance with the Fair Credit Reporting Act ("FCRA"), the Company may obtain consumer reports and/or investigative consumer reports regarding your character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics (including credit standing, credit capacity and credit worthiness), and/or other personal characteristics in connection with your potential or actual employment with the Company. Pursuant to this disclosure, and your signed authorization below, the Company may obtain consumer reports and/or investigative consumer reports at any time during the employment application process or, as permitted by law, during employment with the Company. The fact that the Company may obtain a consumer and/or investigative consumer report on you does not mean, and should not be construed to mean, that the Company has otherwise decided to offer you employment.

Whenever it is required by the FCRA, before any adverse action is taken by the Company based in whole or part on information contained in a consumer report or investigative consumer report, you will receive a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. You are entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which you are the subject upon your written request to the Company, if such is made within a reasonable time after the date hereof. You may also obtain a written summary of your rights under 12 U.S.C. § 1681 et seq.

AUTHORIZATION

I hereby authorize, without reservation, the Company and/or its affiliates and agents to obtain consumer reports and/or investigative consumer reports concerning me at any time for employment-related purposes. I understand that such consumer reports and investigative consumer reports may contain information regarding my character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics (including credit standing, credit capacity and credit worthiness), or other personal characteristics. I recognize that, as permitted by law, the Company has the right to obtain additional consumer reports in the future regarding me as to any employment-related matter.

I further authorize all persons and entities to release all written and verbal information about me to the Company and/or its agents, any consumer reporting agency or any other entity, for use by the Company for employment-related purposes. I hereby agree to hold harmless from liability and responsibility, and to release, the Company and those affiliated with it from any and all liability, claims and/or demands of whatever kind regarding the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized, and from decisions made concerning my application for or continuation of employment based upon the results of the background investigation.

I authorize the use of the identifying information provided below in conducting the background investigation and/or compiling a consumer report or investigative consumer report. I understand that refusal to permit a background investigation or failure of the background investigation may result in the Company denying my application for employment or immediately terminating my employment.

I hereby authorize that a photocopy of this authorization may be construed as an original.

My signature below indicates that I have read and acknowledged the "Disclosure Notice" above and that I have freely given my authorization in accord with the foregoing.

Signature: _____ Date: _____

Address:

Social Security Number: _____ Date of Birth: _____

Driver License Number: _____ State of Issuance: _____

I understand that this information will be used solely for the purpose of conducting the record search and will in no way be used to make a hiring decision.

Have you ever been convicted of a crime?* Yes ___ No ___ If Yes, please provide details below:

Date of conviction: _____ City, State where convicted: _____

Crime: _____ Full name at time of conviction: _____

*Please note that you are not required to disclose any arrest or any conviction that has been erased or expunged pursuant to court order, that pertains to a finding of juvenile delinquency, or that has been dismissed, nolle prossed or for which you have received an absolute pardon.

For Personnel Use Only – Fax to TRC (586) 228-2323 From: _____ Phone# _____

Position Applied For _____ Center: _____

Additional items/Other: ___ Driving Rec ___ Acad Verif ___ References ___ ID + Crim
