

# DAV Thrift Of Michigan Online Application

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Position Interested In: \_\_\_\_\_ Date Available: \_\_\_\_\_

Days/Shifts available: \_\_\_\_\_

Most Recent Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I authorize the company and/or its agents to verify any of this information provided here. I release former employers, persons and law enforcement authorities from any liability or for any damage whatsoever for issuing this information. I also understand the use of both illegal drugs by either the Federal government and/or State is prohibited during employment.

If offered a position, you will be required to take a pre-employment drug test. This test may be one that screens via urine, blood and/or hair follicle for presence of illegal and/or controlled substances. The cost of this initial pre-employment drug test will be paid by you, the applicant. If you are hired prior to the results being forwarded to the company, and the results show a positive presence of illegal or controlled substances without a prescription, you will be terminated and will not be reimbursed for the cost of any test(s). I understand that after my 30 day probationary period if I am still employed by the company, I will be reimbursed on the following paycheck.

\_\_\_\_\_  
Signature -DAV #2- Date/ Time submitted