



P.O. Box 1940
Ann Arbor, Michigan 48106
734-663-2200

APPLICATION FOR EMPLOYMENT

Great Outdoors Inc. is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of age, gender, race, religion, color, national origin, handicap/disability, marital status, height and weight or any other legally protected status.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be accepted without a signature.

Please Print

Date: _____ Social Security Number: _____

Name: _____ Primary Phone: _____

Secondary Phone: _____

Address: _____

Are you authorized to work in the United States? Yes _____ or No _____

Are you over 18 years of age? Yes _____ or No _____

If you are applying for a position that will require you to drive a company vehicle, please list Driver's license Type, State and Number:

Position applied for: _____ Full Time / Part Time

Date you can start: _____ Salary desired: _____

Have you ever applied here before? Yes _____ or No _____

If yes, specify position and time of employment:

Are any of your friends or relatives employed with us? Yes _____ or No _____

If yes, please list their names:

Have you ever been bonded? Yes _____ or No _____

If yes, on what jobs?

Have you ever been convicted of a crime, excluding routine traffic offenses?

Yes _____ or No _____ If you answered yes, please describe in detail:

Are there any felony charges pending against you currently? Yes _____ or No _____

If yes, please describe in detail:

EMPLOYMENT HISTORY

Start with your most recent position including your entire employment history and military service. Please include additional pages if necessary.

Company name, address and telephone	Dates of employment: From To	Position, required duties and supervisor's name	Reason for leaving

What type of experience, skills or qualifications do you feel would most qualify you to work with our organization?

NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform with or without accommodation, the tasks involved in the job or occupation you have applied for? Yes_____ or No _____

EDUCATION

	Name and Address	Dates Attended	Did you graduate	Degree or courses completed
High School				
College				
Other				

Are you attending school now or do you plan on furthering your education? Yes / No

If yes, please specify course and time commitment: _____

Do you have any professional licenses or certifications? Yes / No

If yes, please list and describe: _____

Have you ever had a professional license or certification revoked or suspended? Yes / No

If yes, please list and describe: _____

Are you currently under investigation by any agency or department concerning any license or certification matter? Yes / No

If yes, please describe: _____

Are you currently employed? Yes / No

May we contact your current employer? Yes / No

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I authorize Great Outdoors Inc. to verify any and all information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions and educational institutions) contacted by Great Outdoors Inc. to furnish any information relevant to my application for employment and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations as well as drug and alcohol testing required by Great Outdoors Inc.

I understand and agree that employment with Great Outdoors Inc. is at will and that either Great Outdoors Inc., or I can terminate my employment and compensation with or without cause and with or without notice, at any time. I acknowledge that no representations, either written or oral have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are cancelled. Furthermore, I understand that only the President has the authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President.

In consideration of my employment, I agree to conform to the rules and policies of Great Outdoors Inc. Also, I agree not to begin any action or suit relating to employment with Great Outdoors Inc. more than six (6) months after the date of the termination of such employment and I waive any statute of limitations to the contrary.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS.

Name: _____ Date: _____