

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date:

/ /

APPLICANT DATA:

Position applied for:

Full Name:

Address: LAST FIRST MIDDLE City: State: Zip:

Phone: () Cell/Beeper/Other Phone: E-Mail Address:

Date available to start: Social Security #: Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: Address: _____

of Years Completed: Did you graduate? Yes No

GPA: Class Rank: _____

College/University: Address: _____

of Years Completed: Did you graduate? Yes No Degree: _____

Major: GPA: Class Rank: _____

Other: Address: _____

of Years Completed: Did you graduate? Yes No Degree: _____

Major: GPA: Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: Phone: () _____

Address: City: State: Zip: _____

Name: Phone: () _____

Address: City: State: Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Do you have any pre-existing conditions, medical injuries, and/or disabilities? If so please explain: _____

Are you on any medications? _____

Please check each category that you have experience in:

Shipping & Receiving _____ Press Operating _____ Machine Operating _____

Quality Control _____ Painting _____ Welding _____ Maintenance _____

What type?

Hi-lo Driving _____ Overhead Crane _____ Assembly _____ Janitorial _____

If you have the following experience, please explain:

Mechanical Build: _____

Electrical: _____

Machine Piping or Plumbing: _____

Do you have your own tools? (If so what kind): _____

Please list any other skills that may be useful: _____

Emergency Contact Name

Relation

Phone Number

DETROIT RESOURCES INC.

COMPANY INFORMATION

Detroit Resources is your employer. You are to contact our office at least one hour before your shifts begins if there are any problems with being on time or going into work. Office hours are from 9:00am until 5:00pm. Please leave a message on the answering system after hours.

Employee attendance is of the utmost importance to us as your employer, and should be to you as an employee. Unexcused absenteeism will not be tolerated and can be a threat to your employment.

Employees are expected to and will honor the guidelines and dress code of the companies that they are assigned to.

Persons under the influence of alcohol or illegal drugs, or unprofessional behavior toward a supervisor or fellow employee will immediately be terminated.

You are responsible for your time cards. You must punch in and out to get paid. If your hours are incorrect, you must get the corrected hours verified by your supervisor.

If you are laid off, or not working for any reason, you must notify our office within (7) days of being laid off or it will be considered a voluntarily quit. You must also keep in touch with our office at (3) times a week until you accept an offer of suitable work, or you could jeopardize your unemployment benefits from Detroit Resources Inc.

If you are injured while on the job, you must report it immediately to a supervisor and to our office as soon as possible. Post-accident and or injured employees will undergo a drug screen at the clinic upon arrival for treatment.

Detroit Resources Inc. Implements a light duty back to work program for any injured employee.

If you have any unexcused absences during the first 30 workdays, do not pass your pre-employment drug screen, or voluntarily quit within 14 working days, your drug screening cost will be your responsibility, and signing below states you understand this. We may also need to do a criminal background check and by signing below it gives us authorization to do so.

Your working status must be active to receive vacation days, holiday pay or bonuses.

Fail to follow any of the policies above may result in termination of your contracted job.

Date _____

Signature _____

Print Name _____

DETROIT RESOURCES INC.

CONTRACT EMPLOYEE DRUG TESTING AFFIDAVIT AND CRIMINAL BACKGROUND CHECK

I hereby authorize Detroit Resources Inc. (hereafter referred to as "the Company") to have the appropriate clinic to take blood or urine samples from me for use in an alcohol and/or drug screening investigation according to the Company policy stated within. I understand that this drug screen will detect any illegal drugs which I have taken within the last 30 days, depending on the drug being taken.

In the event that the undersigned contractor employee declines the Company request for the drug tests or the drug test discloses the presence of illegal drugs, the undersigned contractor employee acknowledges that the Company may bar the contractor employee from further assignment with the Company and the undersigned does hereby agree that such debarment will be uncontested. The undersigned contractor employee hereby surrenders their right to dispute or otherwise litigate such discharge with either the Company's, its employees or agents.

It should also be understood that if the contracted employee fails the drug test or does not show up for work and stay working for a minimum of 30 days then the employee will be held responsible for the fee of the test. The employee must remain working for at least two weeks if a criminal background check is completed then the employee will be responsible for the fee of the background check.

The undersigned hereby acknowledges that they have read and foregoing terms and conditions and understand each term, condition or provision contained herein. The undersigned also acknowledges that this agreement supersedes any and all oral or written representations which contrary to the terms contained herein.

I understand that under the terms of my employment with Detroit Resources Inc. the results of my drug test will be revealed to the management at Detroit Resources Inc. as well as the management of the Company I am contracted to. In consideration of possible future employment, I hereby agree to the above terms and conditions.

Date _____

Signature _____

Print Name _____

DETROIT RESOURCES INC.

VERIFICATION OF EMPLOYMENT

To: _____

Date: _____

(Applicants: Please sign and date
highlighted area only)

The individual whose name and social security number appears below, has submitted an application for employment with our company. This individual has listed you as a previous employer on their application form.

We would GREATLY appreciate your cooperation in completing this form at your earliest convenience. Please fax to 586-844-8833 (attn.: Kyle) or email back to kb@detroitresourcesinc.com. Thank you for your cooperation in this matter.

Applicant Name _____ **Social Security No.** _____

Employed by: _____ **Position/Dept.:** _____

Date of Hire: _____ **Date of Termination:** _____

Reason for Termination: _____ **Would you hire candidate again?** Yes / No

On a scale of 1 to 10 (10 being the best) how would you rate the following:

Attendance _____ Tardiness _____ Ability to follow directions _____ Attitude _____ Performance _____

Completed By _____ **Title** _____

Additional Comments _____

I give permission to release any and all information on me regarding any past employment or criminal background checks.

Print Name _____

Signature _____

Witness _____

MI-W4

(Rev. 6-05)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

| | | | |
|---|-------|--|--|
| ▶ 1. Social Security Number | | ▶ 2. Date of Birth | |
| ▶ 3. Type or Print Your First Name, Middle Initial and Last Name | | 4. Driver License Number | |
| Home Address (No., Street, P.O. Box or Rural Route) | | ▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No | |
| City or Town | State | ZIP Code | |
| 6. Enter the number of personal and dependent exemptions you are claiming | | ▶ 6. <input type="text"/> | |
| 7. Additional amount you want deducted from each pay (if employer agrees) | | 7. \$ <input type="text"/> .00 | |
| 8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____ | | | |
| EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. | | <i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i> | |
| INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010. | | 9. Employee's Signature | |
| | | ▶ Date | |
| Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. | | | |
| 10. Employer's Name, Address, Phone No. and Name of Contact Person | | ▶ 11. Federal Employer Identification Number | |

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You **MUST** file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding **ONLY** if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
www.michigan.gov/business-tax

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|---|---|----------|--|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | |
| B | Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B | |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C | |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | |
| F | Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit | F | |
| (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. | | |
| | • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. | | |
| | • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. | G | |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H | H | |
| | For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | |

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

| | | |
|---|--|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 <h1 style="margin: 0;">2017</h1> |
| 1 Your first name and middle initial _____ Last name _____ | | 2 Your social security number _____ |
| Home address (number and street or rural route) _____ | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code _____ | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 6 Additional amount, if any, you want withheld from each paycheck | 5 _____ 6 \$ _____ |
| 7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 _____ |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN) |



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |

