



ALPENA POWER COMPANY
APPLICATION FOR EMPLOYMENT (MI APPLICANTS)
(AN EQUAL OPPORTUNITY EMPLOYER)

To the Applicant: We appreciate your interest in Alpena Power Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice. You must show this application to be considered for employment.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, sexual orientation, pregnancy (including childbirth or pregnancy-related/childbirth-related conditions), religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

PERSONAL

Name (Last) (First) (Middle) Date of Application

Address (Street) (City) (State) (ZIP)

Telephone Number (with area code) Cell Phone Number

Are you 18 years or older? Yes No Are you a U.S. citizen? Yes No (not applicable in California)

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

Have you been previously employed here? Yes No If yes, date(s)

Supervisor Name(s)

Have you filed an application before? Yes No If yes, date(s)

List any friends or relatives working here

What method of transportation will you use to come to work?

EMPLOYMENT DESIRED

Position(s) applied for

Kind of work sought: Full time Part time Other

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired Date available to work

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act or to employees in other states. Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual.

**EMPLOYMENT EXPERIENCE (List current or most recent job first)**

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

List any other positions held on a separate sheet

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

**REFERENCES** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**ADDITIONAL INFORMATION**

U.S. Military or Naval Service \_\_\_\_\_ Rank upon Discharge \_\_\_\_\_ Type of Discharge\* \_\_\_\_\_

Duties \_\_\_\_\_

Have you been convicted of, plead guilty, or pled no contest to a crime?\* Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_ State \_\_\_\_\_

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, marital or veteran status, height, weight or age

State any additional information that you feel may be helpful to us in considering your application.

Name, address, and telephone number of the person to be notified in the event of accident or emergency

**\*NOTE:** Neither a conviction record nor a dishonorable discharge will be an automatic bar to employment. Factors such as the nature of the offense, date of the offense, disposition, and other relevant information will be considered as it relates to the job you are applying for and consistent with business necessity.

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## AUTHORIZATION AND UNDERSTANDING

1. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Company (and its employees and prospective employees) you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I agree my employment, compensation, and benefits are “at-will.” This means I am free to terminate my employment, at any time, for any or no reason at all, with or without cause, and with or without notice. Similarly, the Company may terminate the employment relationship and/or change my compensation or benefits at any time, for any reason or no reason at all, with or without cause, and with or without notice. No amendment or exception to this at-will status can be made at any time, for any reason, except by the Company’s [Company Representative] and it must be in writing, directed to me personally, and signed by both the [Company Representative] and me. I further acknowledge that no one has made any representations or statements contrary to the Company’s at-will policy to me, either orally or in writing as of the date of this application. I agree to conform to the rules and regulations of Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I agree that any action, suit, or charge against the Company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees. I also agree all such claims shall be decided by a judge and not a jury. I specifically waive my right to have a jury decide the outcome of any such claims. I also agree to not be a member of a class action lawsuit against the Company. I agree that this jury waiver, class action waiver, and shortened statute of limitations shall apply to any claim against the Company, its parent, successors and assigns and its/their current or former employees, members, directors, officers, or agents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of information is grounds for a rejection of this Application or dismissal of any employment if I am hired.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I certify that I am not bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed by the Company or performing any duties contemplated by my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_