

# West Shore Computer Services, Inc.

## EMPLOYMENT APPLICATION

The Company is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of race, color, religion, national origin, sex, age, disability, marital status, height, weight or any other legally protected status. The Company will make reasonable accommodation for disability upon request.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be considered otherwise. If there is not enough space on this form to answer a question fully, please attach additional pages.

(PLEASE PRINT)

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_

Are you legally authorized to work in the United States?

Yes  No

Other names under which records may be kept: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full Time  Part Time

If part time, specify days and hours: \_\_\_\_\_

Starting Salary Expected: \_\_\_\_\_ How were you referred to the Company? \_\_\_\_\_

Have you ever applied here before or been employed here before? Yes  No

If yes, specify: \_\_\_\_\_

Are any of your friends or relatives employed at the Company? Yes  No

If yes, specify: \_\_\_\_\_

Are you 18 years old or older? Yes  No  If no, do you have proof of eligibility to work Yes  No

Have you ever been bonded? Yes  No  If yes, on what jobs? \_\_\_\_\_

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes  No

If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_

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

If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION		
Name and Address	Did You Graduate?	Course of Study or Degree Conferred
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 hold any professional licenses or certifications: Yes  No   
 If yes, please list and describe: \_\_\_\_\_

Have you ever had a professional license/certification revoked or suspended? Yes  No   
 If yes, please list and describe: \_\_\_\_\_

Are you currently under investigation by any agency or department concerning any lincensure or certification matter: Yes  No   
 If yes, please list and describe: \_\_\_\_\_

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### **Employment History**

Start with the most recent, include your entire employment history and military service, attach additional pages, if necessary.

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Reason for leaving _____	_____
Immediate supervisor _____	Title _____ Telephone No. _____

Employment History, continued.....

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Reason for leaving _____	_____
Immediate supervisor _____	Title _____ Telephone No. _____

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Reason for leaving _____	_____
Immediate supervisor _____	Title _____ Telephone No. _____

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Reason for leaving _____	_____
Immediate supervisor _____	Title _____ Telephone No. _____

What experiences, skills, or qualifications do you feel especially would qualify you for work with our organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References**

(not former employers or relatives)

Name and Occupation	Address	Telephone No.

Are you able to perform, with or without accommodation, the functions of the job for which you have applied?

Yes  No

# West Shore Computer Services, Inc.

## Authorization and Understanding

I represent that the answers and information given by me in this application are true and complete. I authorize the Company to verify the 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, educational institutions, etc.) contacted by the Company to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 60 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 and drug and alcohol testing required by the Company.

I understand and agree that employment with the Company is at will and that either I or the Company can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are canceled. Further, I understand that only the President of the Company has any 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 expressly state such purpose and must be in writing and signed by the President of the Company.

In consideration of my employment, I agree to conform to the rules and policies of the Company. Also, I agree not to begin any action or suit relating directly or indirectly to employment with the Company or the termination of such employment more than one (1) year after the date of termination of such employment and I waive any statute of limitations to the contrary. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

ARBITRATION I understand and agree that with the sole exception of claims by the Employer for equitable and injunctive relief under its noncompete, nonsolicitation agreement, any controversy or dispute relating to or arising from the employment relationship between the Company and me, including without limitation any claims relating to compensation, discharge or claims of discrimination, shall be submitted to final and binding arbitration before the American Arbitration Association ("AAA") in the metropolitan Detroit area pursuant to the AAA's National Rules for the Resolution of Employment Disputes then in effect and the following procedures. A single arbitrator shall preside over the arbitration. The parties shall be entitled to reasonable discovery. The arbitrator shall have jurisdiction to determine any claim, including the arbitrability of any claims, submitted to him. The arbitrator's decision shall be in writing and contain findings of fact and conclusions of law. The arbitrator may grant any relief authorized by law for any properly established claim. The decision of the arbitrator shall be final and binding, subject to judicial review in accordance with the standards for review of arbitration awards as established by law or on the ground that the arbitrator committed an error of law. Each party will bear his or its own arbitration expenses and attorney fees unless the arbitrator orders otherwise pursuant to such relief authorized by law. Judgment upon the award rendered by the arbitrator may be rendered in federal district court for the Eastern District of Michigan or the Wayne County Circuit Court, either of which the parties agree has personal jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated



**RISK ASSESSMENT AND SECURITY BACKGROUND QUESTIONNAIRE**

- Please print the information requested.
- Please complete the entire Questionnaire and sign the Acknowledgement and Representation at the end of the Section B.
- If there is not enough space on this form to supply all the information to answer a question or supply complete information, please attach additional pages.

**A. Individual Completing Questionnaire.**

1. Name (printed): \_\_\_\_\_
2. Are you currently a WSCS employee?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Job Title: \_\_\_\_\_
3. Are you currently associated with WSCS in some capacity other than employee?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Capacity: \_\_\_\_\_
4. Are you seeking employment with WSCS?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Job Title: \_\_\_\_\_
5. Are you seeking an association with WSCS?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Capacity: \_\_\_\_\_

**B. Please answer the following questions. For any question for which the answer is anything other than an unqualified NO, on the attached pages, please provide all information responsive to the question and to your reason for replying "YES" or replying anything other than an unqualified NO.**

1. Have you ever been convicted of any crime?  
No \_\_\_\_\_ Yes \_\_\_\_\_
2. Are there any felony charges pending against you currently?  
No \_\_\_\_\_ Yes \_\_\_\_\_

3. Has any former or current employer ever accused you of a crime of dishonesty?  
No \_\_\_\_\_ Yes \_\_\_\_\_
4. Has any former or current employer ever accused you of computer sabotage?  
No \_\_\_\_\_ Yes \_\_\_\_\_
5. Has any former or current employer ever accused you of vandalism or any other malicious act towards your employer's property?  
No \_\_\_\_\_ Yes \_\_\_\_\_
6. Have you ever been accused of computer hacking?  
No \_\_\_\_\_ Yes \_\_\_\_\_
7. Have you ever been accused of exceeding authorization to a computer system?  
No \_\_\_\_\_ Yes \_\_\_\_\_
8. Have you ever been accused of invading the privacy of another person?  
No \_\_\_\_\_ Yes \_\_\_\_\_
9. Have you ever been accused of misappropriating an employer's property or the property of any other person?  
No \_\_\_\_\_ Yes \_\_\_\_\_
10. Have you ever been accused of embezzling money from an employer or any other person?  
No \_\_\_\_\_ Yes \_\_\_\_\_
11. Have you ever been involved in a violent altercation with a supervisor or co-worker?  
No \_\_\_\_\_ Yes \_\_\_\_\_
12. Have you ever had a job where you had access to sensitive medical or financial records?  
No \_\_\_\_\_ Yes \_\_\_\_\_
13. Have you ever been a party to a lawsuit (do not include lawsuits based on federal, state or local law regarding discrimination and/or employment)?  
No \_\_\_\_\_ Yes \_\_\_\_\_

14. Have you ever been accused of academic dishonesty?  
No \_\_\_\_\_ Yes \_\_\_\_\_
15. Have you ever disclosed confidential information to a person to whom you were not authorized to disclose the information?  
No \_\_\_\_\_ Yes \_\_\_\_\_
16. Have you ever modified data without authorization?  
No \_\_\_\_\_ Yes \_\_\_\_\_
17. Have you ever been terminated from employment?  
No \_\_\_\_\_ Yes \_\_\_\_\_
18. Have you ever failed a drug test?  
No \_\_\_\_\_ Yes \_\_\_\_\_
19. Have you ever been disciplined at work for drug or alcohol use?  
No \_\_\_\_\_ Yes \_\_\_\_\_
20. Have you ever had a professional license/certification revoked or suspended?  
No \_\_\_\_\_ Yes \_\_\_\_\_
21. Are you currently under investigation by any agency or department concerning any licensure or certification matter?  
No \_\_\_\_\_ Yes \_\_\_\_\_

### **ACKNOWLEDGEMENT AND REPRESENTATION**

I, the undersigned employee, other Staff, or applicant, understand that this is a legal document. I declare, under penalty of perjury, that all of the information I have provided is accurate and complete to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date