



SEMCO ENERGY

1411 Third St., Suite A
Port Huron, MI 48060

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of SEMCO ENERGY, Inc. to provide equal opportunity for all qualified persons and not to discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, sex, or other legally protected status.

PERSONAL	Full Name	Last	First	Middle	E-Mail Address
	Mailing Address	Street	City	State	Zip Code
	Home Phone Number	Business Phone	Cell / Other Phone	County of Residence	
	Are you a U.S. citizen or an alien lawfully authorized to work in the United States? ___ Yes ___ No				
	Are you at least 18 years of age? ___ Yes ___ No				
	How did you hear about this company?				
	Position Desired				

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education or credit with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as required, 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 you and them from any liability whatsoever as a result of such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. **If an employment relationship is established, I understand and agree that unless specifically provided for otherwise by written agreement my employment will be at-will, which means that either SEMCO or I can terminate the employment relationship at any time for any reason or no reason. I also agree to be bound by the policies and procedures of SEMCO during my employment.** I agree that these arrangements may only be altered in writing directly to me personally by the President of the company or by written agreement between a specifically authorized representative of the company and my representative. No general rules, policies or other written or oral statements issued by the company or any of its agents will constitute such an agreement or create a contract. I further agree that, if an offer of employment is made, my employment is conditional until such time as the results of my post-offer pre-employment physical, which will include a test for substance abuse, are known.

_____ Date

_____ Signature

Preferred Name: _____

Previous Names Used: _____

EMPLOYMENT

Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation? Yes No

If No, please explain:

Are you available to work:

Full Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Part-Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Temporary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Shift Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Salary Desired
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Have you ever been employed by this company? Yes No

If yes:

Dates _____ Location _____ Position _____

ADDITIONAL INFORMATION

Have you ever been convicted of a felony? Yes No

If Yes, complete the following:

Dates _____ Location _____ Offense _____

Names of relatives and friends working for us:

IT IS THE RESPONSIBILITY OF AN APPLICANT TO ADVISE THE COMPANY, IN WRITING AND WITH APPROPRIATE DOCUMENTATION, IF ANY REASONABLE ACCOMMODATION IS NECESSARY TO TAKE ANY JOB RELATED TEST(S) AT LEAST SEVEN DAYS IN ADVANCE OF SUCH TEST(S).

Name and address of person to be notified in case of accident or emergency:

CURRENT OR LAST EMPLOYMENT

Name of present or last employer				Type of business		Address, City, State	
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:	
Month	Year	Month	Year				
Job Title (Present or last)				Name of Supervisor		Phone	Supervisor's Job Title
Description of work and responsibilities							

PREVIOUS EMPLOYMENT

Name of next previous employer				Type of business		Address, City, State	
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:	
Month	Year	Month	Year				
Job Title (Present or last)				Name of Supervisor		Phone	Supervisor's Job Title
Description of work and responsibilities							

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