



# Directions In Research

The Data Collection Solution

## EMPLOYMENT APPLICATION

**Directions In Research**  
**2401 Camelot Court S.E., Suite C**  
**Grand Rapids, Michigan 49546**

Notice to Applicants: It is our policy to offer equal opportunity to all applicants based upon individual merit without regard to race, color, religion, national origin, sex, age, marital status, height, weight, veteran status or disability. Under certain circumstances, Directions In Research may have a duty to accommodate qualified handicapped individuals. Under Michigan law, if you need an accommodation, you must notify our office in writing within 182 days after you knew or reasonably should have known of the need for an accommodation.

In order to provide a pleasant, safe, and productive workplace, we do not condone discrimination or harassment relating to a person's race, color, religion, sex, national origin, height, weight, marital status, age, veteran status or disability. We prohibit the use, distribution, sale, or possession of alcoholic beverages, illegal drugs, and controlled substances (except for the use of legitimately prescribed medication pursuant to a physician's order) while at work or on our premises. We prohibit reporting to work under the influence of alcoholic beverages, illegal drugs, or controlled substances.

**Please complete the entire application (except the portion labeled "Office Use Only").**

**INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

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### BACKGROUND

Today's Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Social Security Number: XXX-XX- \_\_\_\_\_ Are you 18 years old or older?  YES  NO

Are you authorized to work in the U.S.?  YES  NO

*(At hire, you must provide information for compliance with the Immigration Reform & Control Act.)*

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### EMPLOYMENT INFORMATION

Are there any hours, shifts, or days that you cannot work?  YES  NO If YES, explain: \_\_\_\_\_

Are you willing to work overtime:  YES  NO

Type of employment desired:  FULL-TIME  PART-TIME  TEMPORARY

Have you applied at or worked for Directions In Research before? \_\_\_\_\_ If so, when? \_\_\_\_\_

How did you first hear about Directions In Research / Who referred you? \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO If yes, explain: \_\_\_\_\_

*(A conviction will not necessarily disqualify you from employment.)*

Are there any felony charges pending against you?  YES  NO If yes, explain: \_\_\_\_\_

Have you ever been suspended or discharged from employment?  YES  NO If YES, explain: \_\_\_\_\_

**TRAINING  
AND  
EDUCATION**

**NAME/ADDRESS**

**GRADUATE?**

**DEGREE/  
DIPLOMA**

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Other Training \_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

**WORK EXPERIENCE (list present or most recent position first)—PLEASE DO NOT USE STATEMENT “SEE RESUME”**

1) **Employer Name:** \_\_\_\_\_ Position Title and/or Duties: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Rate of Pay: (Starting) \_\_\_\_\_ (Ending) \_\_\_\_\_ Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Okay to Check References?  YES  NO

Reason for Leaving: \_\_\_\_\_

2) **Employer Name:** \_\_\_\_\_ Position Title and/or Duties: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Rate of Pay: (Starting) \_\_\_\_\_ (Ending) \_\_\_\_\_ Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Okay to Check References?  YES  NO  
 Reason for Leaving: \_\_\_\_\_

3) **Employer Name:** \_\_\_\_\_ Position Title and/or Duties: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Rate of Pay: (Starting) \_\_\_\_\_ (Ending) \_\_\_\_\_ Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Okay to Check References?  YES  NO  
 Reason for Leaving: \_\_\_\_\_

4) **Employer Name:** \_\_\_\_\_ Position Title and/or Duties: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Rate of Pay: (Starting) \_\_\_\_\_ (Ending) \_\_\_\_\_ Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Okay to Check References?  YES  NO  
 Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES NOT RELATED TO YOU**

	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Business</u></b>	<b><u>Phone</u></b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In case of an emergency, notify: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**CERTIFICATION:** I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this Application or during the pre-hire process will be sufficient reason for my not being offered employment with the company or dismissal at any time from Directions In Research.

I authorize all third parties to provide the company with any information and/or documents regarding my former employment and personal background, and I release all parties from any liability which may result from furnishing such information and/or documents. In this regard, I agree to permit Directions In Research to conduct any background investigative procedures, including credit, reference, educational, employment and criminal checks it deems appropriate. I also understand and agree that my employment may be subject to my passing a drug test.

I understand that, prior to being offered employment, I may be required to take a job-related written or practical test. In the event that I have a disability that will affect my ability to take this test, I will inform the company of this disability so that a reasonable accommodation can be made. The company reserves the right to require medical documentation regarding the need for an accommodation.

I also understand and agree that my employment and compensation is for no definite period of time and, regardless of the time and manner of payment of my wages or salary, may be terminated at any time by me or the company with or without cause or notice. I acknowledge that no company representative has either the power or authority to make any representations or agreements contrary to this, unless that agreement is in writing and signed by the President of Directions In Research.

In consideration of Directions In Research's review of my application, I agree that any claim or lawsuit arising out of my application for employment, employment, or termination of employment with Directions In Research or any of its subsidiaries must be filed by me no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for such claims may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

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

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**(Do not write below this line)**  
**OFFICE USE ONLY**

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

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