



AMERICAN CREDIT ASSOCIATION LLC
 Application for Employment
 Department of Human Resources
 P O Box 3260
 Phone (248) 254-3200 / Fax (866) 523-0592
 Web Address: www.americancredit1.com

*** Please read employment application instructions before completing this form ***

POSITION FOR WHICH YOU ARE APPLYING:					Salary Desired:
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/>					
Last Name		First Name		Middle Initial	
Mailing Address		City		Social Security No.	
State	Zip	Home Telephone No.	Cell Telephone No.	E-Mail Address	
Are you authorized to work in the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for employment before	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes when	Have you ever been employed before <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes when	
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits).				(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Nature of Offense</i>		<i>Name & Location of Court</i>		<i>Date of Conviction</i>	
MILITARY SERVICE RECORD					
Have you had any experience in the Armed Forces of the United States or in a State National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, What branch		Rank at discharge		Date of discharge	
Are you in the reserves <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date obligation ends					
Do you have any relatives or friends working for American Credit Association LLC? If yes, please complete the following: (Continue listing relatives on a separate page if necessary)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Relationship		Department	

REFERENCES

FOR OFFICE USE ONLY:

Date and Time Received:

Accepted By: [_____]

Name	Telephone Number

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one)

1 2 3 4 5 6

7 8 9 10 11 12

Did you graduate from High School or obtain a GED?

YES NO

Name and Location of Last School Attended (High School, Junior High or Elementary)

Name: _____

Location: _____

SKILLS:

___ Microsoft Windows What version

___ MS Office Word What version

___ MS Office Excel What version

___ Adobe Acrobat Reader What Version

___ MS Office Publisher What version

Any other software or equipment that you have used

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
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<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
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<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
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<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:					
5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:					

6	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)		
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Rate of pay	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving					
Title of Position Held			Number & Job Title of Employees you Supervised		
Describe job responsibilities in order of importance:					

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give American Credit Association LLC the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

I understand that the completion of this application does not assure me of a position with American Credit Association LLC and does not obligate American Credit Association LLC to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire may be requested to complete a drug screening prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. American Credit Association LLC is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of American Credit Association LLC records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Michigan employment laws and may be release with proper authorization.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature
(Unsigned applications will not be considered)

Date

Social Security Number

AT-WILL EMPLOYMENT STATUS

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the President or his designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical including a drug test (if such physical is required) are known.

HANDICAP ACCOMMODATION REQUEST

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request and accommodation of their handicap by notifying the Company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the handicapper.

I do not have a handicap and, therefore, make no request for accommodation.

I have a handicap and request the following accommodation in order to permit me to perform the essential duties of the position I am applying for:

Accommodations requested:

LIMITATION ON TIME FOR EMPLOYMENT COMPLAINTS

I agree that any action or lawsuit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal Civil Rights Statutes, must be brought within six (6) months of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

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Signature

Date