

**Focus Corp**  
**EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Information

Employer: Focus Corp  
Address: 444 Victors Valiant  
City/State/ZIP: Ann Arbor, Michigan 48104  
Telephone: 444-426-4968

It is the policy of Focus Corp to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: JOHN DOE  
Home Address: 1830 ARTIQUE RD  
City/State/ZIP: TOPANGA, CA 90290  
Number of years at this address: 4  
Daytime phone: 310-248-8573 Evening phone:  
Mobile phone:  
Social Security Number: 333-44-5555  
Driver's License (State/Number): Y521793367692

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: JANE DOE  
Relationship to you: WIFE  
Address: 1830 ARTIQUE RD  
City/State/ZIP: TOPANGA, CA 90290  
Daytime phone: Evening phone:

4. Job Position Applied For: OPERATIONS COORDINATOR  
Full or Part Time? FULL TIME

5. Salary Desired: \$ 85,000 per YEAR

6. Who referred you to our company? ACME  
Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? Yes ☒ No  
If yes, when?

8. Are you at least 18 years old? ☒ Yes No

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9. If hired, are you able to submit proof that you are legally eligible for employment in the United States? X Yes \_\_\_\_\_ No
10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? X Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

11. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability

or

SkillYears of Experience Rating

[ ]Customer service<sup>4</sup>\_\_\_\_\_ 1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

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Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

**13. Applicant's Education and Training**

College/University Name and Address

UNIVERSITY OF MICHIGAN

Did you receive a degree? ☒ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, degree(s) received: BUSINESS

High School/GED Name and Address

RIDGEMONT

Did you receive a degree? ☒ Yes \_\_\_\_\_ No \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:

\_\_\_\_\_ Yes ☒ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**14. References**

List any two non-relatives who would be willing to provide a reference for you.

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

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Focus Corp to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Focus Corp, except in a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

*JOHN DOE*

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**

OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name) ? DOE		First Name (Given Name) ? JOHN		Middle Initial ?	Other Last Names Used (if any) ?	
Address (Street Number and Name) ? 1830 ARTIQUE RD		Apt. Number ?	City or Town ? TOPANGA		State ? CA	ZIP Code ? 90290
Date of Birth (mm/dd/yyyy) ? 1/1/1980	U.S. Social Security Number ? 3 3 3 - 4 4 - 5 5 5 5		Employee's E-mail Address ? JOHNDOEIBMDEMO@GMAIL.COM		Employee's Telephone Number ? 310-248-8573	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States ?	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) ?	
<input type="checkbox"/> 3. A lawful permanent resident ? (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work ? until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.  1. Alien Registration Number/USCIS Number: ? _____ OR 2. Form I-94 Admission Number: ? _____ OR 3. Foreign Passport Number: ? _____ Country of Issuance: ? _____	

Signature of Employee ? <i>JOHN DOE</i>	Today's Date (mm/dd/yyyy) ?
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**Preparer and/or Translator Certification (check one):** ?

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator ?		Today's Date (mm/dd/yyyy) ?	
Last Name (Family Name) ?		First Name (Given Name) ?	
Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

[Click to Finish](#)

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**

OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b> ?	Last Name (Family Name) ? DOE	First Name (Given Name) ? JOHN	M.I. ?	Citizenship/Immigration Status ? USA
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**List A**  
**Identity and Employment Authorization**

**OR**

**List B**  
**Identity**

**AND**

**List C**  
**Employment Authorization**

Document Title ?	Document Title ?	Document Title ?
Issuing Authority ?	Issuing Authority ?	Issuing Authority ?
Document Number	Document Number	Document Number ?
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) ?	Expiration Date (if any) (mm/dd/yyyy) ?
Document Title ?	<div>Additional Information ?</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>	
Issuing Authority ?		
Document Number ?		
Expiration Date (if any) (mm/dd/yyyy) ?		
Document Title ?		
Issuing Authority ?		
Document Number ?		
Expiration Date (if any) (mm/dd/yyyy) ?		

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ? (See instructions for exemptions)

Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Title of Employer or Authorized Representative ?	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative ?	Employer's Business or Organization Name ?	
Employer's Business or Organization Address (Street Number and Name) ?	City or Town ?	State ?	ZIP Code ?

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
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**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

<b>Employee Name from Section 1:</b>	Last Name (Family Name) ? DOE	First Name (Given Name) ? JOHN	Middle Initial ?
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**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

**A. New Name (if applicable)** ?

Last Name (Family Name) ?

First Name (Given Name) ?

Middle Initial ?

**B. Date of Rehire (if applicable)**

Date (mm/dd/yyyy) ?

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title ?

Document Number ?

Expiration Date (if any) (mm/dd/yyyy) ?

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative ?

Today's Date (mm/dd/yyyy) ?

Name of Employer or Authorized Representative ?

[Click to Finish](#)



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**