

Application for Employment



PLEASE FORWARD COMPLETED APPLICATION TO:

Personnel Director
Charter Township of Mundy
3478 Mundy Ave
Swartz Creek, MI 48473

The Charter Township of Mundy is an Equal Opportunity Employer and does not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, handicap, height or weight in employment or the provision of services. If you have a disability which impairs your ability to apply for a position, please be advised that this office will upon request, provide assistance in reading or completing the application, as needed.

POSITION APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

SALARY/WAGE DESIRED _____ DATE AVAILABLE FOR WORK ____ / ____ / ____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

How long did you live at this address? _____

Previous Address _____
STREET CITY STATE ZIP CODE

How long did you live at this address? _____

Telephone Number (_____) _____ Email _____
AREA CODE

May we contact you at work? YES NO (_____) _____
AREA CODE

Date of birth ____ / ____ / ____ Drivers License Number _____

Have you filed an application here before? YES NO If yes, give date(s) ____ / ____ / ____

Have you ever been employed here before? If yes, give date(s). FROM ____ / ____ / ____ TO ____ / ____ / ____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever served in the Armed Forces, National Guard or Military Reserves? YES NO

Branch _____ Date of Service _____ Service Number _____

Have you ever been convicted of any offense(s) while in the Armed Forces, National Guard or Military Reserves? YES NO
(Conviction of any offense while in the Armed Forces, National Guard, or Military Reserves will not necessarily be a bar to employment. Other factors such as the age and time of the offense, seriousness and nature of the offense, and rehabilitation, will be taken into account.)

If yes, please explain: _____

Have you ever been convicted of a felony? YES NO
(Such conviction does not necessarily bar you from consideration of employment. Other factors such as the age and time of the offense, seriousness and nature of the offense, and rehabilitation, will be taken into account.)

If yes, list offense, where, when and description: _____

Employment History

List all your employers, assignments or volunteer activities, *starting with the most recent*, including military experience (A dishonorable discharge is not an absolute bar to employment and other factors will affect a final decision to hire or not hire.) Explain any gaps in employment on a separate sheet of paper. (If this history doesn't cover the last 5 years, please list on a separate sheet)

EMPLOYER	TELEPHONE () -	DATES EMPLOYED FROM TO	Summarize the nature of the work performed and job responsibilities:
STREET ADDRESS CITY ZIP CODE			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE FINAL	Name(s) you used working for this employer
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	

Educational/Training Background

A. List last three (3) schools attended, *starting with last one*. **B.** List number of years completed, **C.** Indicate degree or diploma earned, if any, **D.** Grade Point Average or class rank **E.** Major field of study and **F.** Minor field of study.

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

General Information

Has your employment ever been terminated involuntarily? YES NO

If yes, explain: _____

Have you ever supervised others YES NO

If yes, please explain (level, number of years, where): _____

Have you read the position description? YES NO

Can you perform the essential functions of the position applied for, with or without reasonable accommodation? YES NO

Will you work overtime if required? YES NO

Do you have any relatives working in the Department for which you are applying to work, or who are elected officials of the Township? YES NO

If yes, please explain (who): _____

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, handicap, color, marital status, or other protected status.)

ORGANIZATION	OFFICES HELD

List computer software familiarity and check the box that best describes your skill level. Use additional sheet if necessary..

SOFTWARE	BASIC	INTERMEDIATE	ADVANCED	COMMENTS

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

NOTICE OF HANDICAPPER RIGHTS

If you have a physical, mental or other impairment which would interfere with your ability to perform in a position but which may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters or, the restructuring or altering of work schedules, the Michigan Handicappers's Civil Rights Act requires that you notify the Charter Township of Mundy Human Resources Department in writing of need for accommodation within 182 days after you knew or should reasonably have known that the accommodation was needed.

NOTICE OF MEDICAL EXAMINATION

Any offer of employment is conditioned upon your ability to pass a medical examination and drug and alcohol screening test prior to the commencement of employment.

POST OFFER, PRE-EMPLOYMENT EXAMINATION

I understand that a post-offer, pre-employment physical examination and drug and alcohol screening test may be required. I understand that refusal to submit to blood or urine testing, or refusal to sign an authorization form may, or will, result in the Township withdrawing the offer of employment. I also understand that positive test results for drugs and alcohol could be the basis for a decision not to offer employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered.

Date: ____ / ____ / ____ Signature: _____
Applicant

PLEASE READ CAREFULLY

I hereby certify that the statements I have given on this application are true and I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand and agree that if any statements made by me on this application prove to be false or misleading or incomplete, it will prevent me from being hired, or if hired, it will be grounds for my immediate dismissal from employment.

I authorize the references and previous employers listed within to provide any and all information concerning any previous employment, pertinent information, including disciplinary information, they may have, personal or otherwise. I also authorize the Charter Township of Mundy to provide any and all information, including disciplinary information, concerning my employment with the Township, per-sonal or otherwise, to any subsequent prospective employer. I release all parties from all liability for any damages that may result. I specifically waive any right to be notified under Section 6 of the Michigan Bullard-Plawecki Act of the release of personnel file informa-tion by prior employers and the release of personnel file information to prospective employers by the Charter Township of Mundy.

I hereby authorize the Charter Township of Mundy to contact schools, educational institutions, military organizations and other persons listed in this application and authorize those schools, educational institutions, military organizations and other persons to release to the Charter Township of Mundy any academic, service or performance records. I hereby release said schools, education institutions, military organizations and other individuals from any and all liability and damages for releasing said records.

In consideration for my employment, I hereby agree to comply with all rules, regulations and policies established by the Charter Township of Mundy for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand that the Charter Township of Mundy may, from time to time make unilateral changes in its rules, regulations and personnel practices and polices that will affect me, and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment, including layoffs. I further hereby expressly agree that my employment and compensation can be terminated with or without cause, with or without notice at any time at the option of either the Charter Township of Mundy or myself. I further understand and agree that no officer, agent or representative of the Charter Township of Mundy other than the Board of Trustees of the Charter Township of Mundy, has any authority to enter into any agreement for employment or agreement for employment for any specific periods of time, or to make any agreement contrary to the foregoing. Any agreement contrary to the foregoing must be made in an individual written employment contract and signed by me and the Township Supervisor or contained in an applicable collective bargaining agreement or written policy and procedure statement.

All copies of this release shall constitute an original for purposes of release of documents and/or information.

Please read the above carefully before signing. Your signature indicates that you expressly agree with all the foregoing.

Dated: ____ / ____ / ____ Signature: _____
Applicant