

Charter Township of Genesee

Employment Application

This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

PRINT all information legibly in ink or use a typewriter. Answer all questions accurately and completely.
ANY FALSE STATEMENT WILL DISQUALIFY YOU FOR THIS POSITION

Date Completed: _____ Position applied for: _____

1. PERSONAL INFORMATION

Full Name: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Telephone Number(s) _____

Michigan Resident: Yes No If yes, how long _____
Years/months

U.S. Citizen: Yes No Immigration Number: _____

Social Security Number: _____

2. SELECTIVE SERVICE STATUS: Present Classification: _____

Veteran: Yes No Branch of Service _____

Date of Entry: _____ Rank _____

Discharge Date: _____ Type of Discharge: _____

Address of Local Draft Board: _____

3. EDUCATION

TYPE	Name & Location	Dates Attended	Graduate	No. Years Attended	Major	Grade Average
High School			Y/N			
Business College			Y/N			
College or University			Y/N			
Specialized Training			Y/N			
Other			Y/N			

4. EMPLOYMENT: Start with present or most recent and list backwards for ten years. Include part time and temporary employment. Add as many sheets as necessary. ***The Township reserves the right to make inquiries into an applicant's ability to perform the essential functions of the position.***

Name of Firm: _____

Address of Firm: _____

Type of Business _____

Name of Supervisor: _____ Telephone Number: _____

Date Employed: _____ Date Released: _____

Starting Wage: _____ Ending Wage _____

Job Title: _____ Reason for Leaving: _____

Major Duties and Responsibilities: _____

Name of Firm: _____

Address of Firm: _____

Type of Business _____

Name of Supervisor: _____ Telephone Number: _____

Date Employed: _____ Date Released: _____

Starting Wage: _____ Ending Wage _____

Job Title: _____ Reason for Leaving: _____

Major Duties and Responsibilities: _____



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Major Duties and Responsibilities: _____



Have you ever been dismissed or asked to resign from any employment: Yes No
If yes, give related circumstances, date and employer's name: _____

Have you ever been refused employment? Yes No, if yes, state by whom and for what reasons: _____

5. TRAFFIC RECORD: Current Operator's License Number: _____

Type: _____ State: _____

List moving violations within the last five (5) years

Date	Agency	Business Address	Disposition

List any additional on a separate sheet of paper

6. PERSONAL REFERENCES: List five (5) personal references (not relatives or former employers) who are responsible adults of reputable standing in their communities, who have know you well during the past five years or more.

Name	Home Address	Business Address	Telephone Number
			()
			()
			()
			()
			()

7. CRIMINAL HISTORY Have you ever received an appearance ticket or have you ever been arrested for any felony or misdemeanor other than a traffic violation (e.g., Minor in possession, open intoxicants, destruction of property, home invasion, etc.) Yes No

If yes, list: Date: _____ Charge: _____

Disposition _____

Arresting Agency _____

Agency Address: _____

Court: _____

Court Address: _____

List any other arrests/convictions on a separate page

Have you been investigated, contacted, or interviewed as a suspect or witness by any law enforcement agency for any reason? Yes No

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers, except those specifically accepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

As a condition of employment, employees of the Township agree not to commence any action, claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Date

Applicant Signature

*Employers specifically accepted: _____

For Employer Use Only			
Interviewed By: _____	Date: _____	Hired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date: _____	Position: _____		
Wage: _____			