

APPLICATION for EMPLOYMENT

To the Applicant: We appreciate your interest in our Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, familial, marital or veteran status, or handicap.

Date of Application: _____

**PRINT LEGIBLY IN INK OR
COMPLETE BY TYPEWRITER**

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Numbers and Street) (City) (Zip Code)

Home Telephone Number _____ Day Time Phone Number _____
(Between 8 am-4 pm, Monday-Friday)

Social Security Number _____ Are you 18 years of age or older? Yes No

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If so, dates(s): _____

Supervisor's Name: _____

Have you filed an application here before? Yes No If yes, dates(s): _____

List any relatives or friends working here: _____

In order to check and verify your work record, have you ever been known by another name? Yes No If so, please provide name and explanation. _____

EMPLOYMENT

Position(s) applied for: _____

Kind of Work Sought: Full-time Part-time Other: _____

If part-time, please specify hours and days desired: _____

Salary Desired: _____ Date Available to Work: _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? Rank at discharge: Date of Discharge:

Are you in the reserves? Yes No If yes, date obligation ends _____

Special/Technical Training: _____

EMPLOYMENT EXPERIENCE (*List current or most recent job first. Use additional paper if necessary.*)

1	Employer:	Address:	Phone Number:
	Job Title:	Supervisor:	Work Performed /Duties:
	Employment Dates: From: To:	Hourly Rate/Salary: Beginning: Ending:	Reason for Leaving:

2	Employer:	Address:	Phone Number:
	Job Title:	Supervisor:	Work Performed /Duties:
	Employment Dates: From: To:	Hourly Rate/Salary: Beginning: Ending:	Reason for Leaving:

3	Employer:	Address:	Phone Number:
	Job Title:	Supervisor:	Work Performed /Duties:
	Employment Dates: From: To:	Hourly Rate/Salary: Beginning: Ending:	Reason for Leaving:

OTHER LAW ENFORCEMENT AGENCIES to which you have applied.

<i>Name of Law Enforcement Agency</i>	<i>Location</i>	<i>Year Applied</i>	<i>Present Hiring/ Employment Status</i>

EDUCATION

<i>Type</i>	<i>Name/ Location(Address, City, State)</i>	<i>Years Completed</i>	<i>Diploma/ Degree</i>	<i>Course of Study</i>
<i>Elementary</i>				
<i>Middle/Junior High School</i>				
<i>High School</i>				
<i>College</i>				
<i>Graduate</i>				
<i>Vocational School</i>				
<i>Other (Specify)</i>				
<i>Other (Specify)</i>				
<i>Other (Specify)</i>				

REFERENCES Do not include relatives or former employers. Include at least two (2) peer references (must be within five years of your age).

<i>Name</i>	<i>Address, City, State, Zip Code</i>	<i>Telephone Number</i>	<i>Years Acquainted</i>
1			

2				
3				
4				

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No If so, where, when and nature of offense:

Do you have any felony charges pending against you? Yes No If so, where, when and nature of offense:

Do you have a valid driver's license? Yes No License Number: _____ State: _____

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race, color, religion, sex, national origin, age, handicap, familial, marital or veteran status:

State any additional information that you feel may be helpful to us in considering your application:

AUTHORIZATION AND UNDERSTANDING

RELEASE OF PRIOR PERSONNEL RECORDS

BY SIGNING THIS APPLICATION, I AGREE THAT ALL OF THE INFORMATION NOW OR LATER GIVEN BY ME IN SUPPORT OF MY application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

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 SUPERVISOR OF THE TOWNSHIP, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE SUPERVISOR. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Township as they are from time to time changed and that no additional obligations can be imposed by me on the Township except those

which have been acknowledged, in writing, by the Supervisor or his/her 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 (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 an accommodation of their handicap by notifying the Township 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 Township will preclude any claim that the employer failed to accommodate the handicapper under Michigan law.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with Bloomfield Township. As part of our normal procedure during the pre-employment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement *carefully* and indicate your agreement by signing below.

TO WHOM IT MAY CONCERN:

I hereby authorize Bloomfield Township (the "Employer"), or other authorized representative of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the Employer or its authorized representative. I hereby release the Employer and any authorized representative, as custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

Date:

_____ Full Name-Signature

_____ Full Name-Print or Type

_____ Current Address - Print or Type

_____ Driver's License Number

_____ State of Issue

_____ Social Security Number

_____ (Area Code) Telephone Number

Have you been known by any other names?
