



For Township Use Only

Rec'd On	Expires	Initial

# Application for Employment

**PLEASE PRINT**

Personal Information			
Last Name		First Name	Middle Name
Current Address: _____			
Address		City	State Zip
Telephone No. _____		Mobile No. _____	
Email Address _____			

Position(s) Applied For: \_\_\_\_\_

Type of Employment Desired:     Full Time     Part Time     Temporary     Seasonal

When Can You Start? \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_ Are you 18 or older? \_\_\_\_\_

I understand that part-time, seasonal, and temporary positions have minimal and in some cases no benefits.

Yes     No

What times are you available to work? \_\_\_\_\_

Were you employed here before? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

Are you legally eligible for employment in this country?     Yes     No

Can you perform the essential duties of the job in which you wish to be employed, with or without reasonable accommodation?     Yes     No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?     Yes     No

If yes, provide dates/details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's License Number if driving is an essential job function: \_\_\_\_\_ State \_\_\_\_\_

References		
Name	Telephone	Years Known

Educational Background			
Name & Location	Years Completed	Did you Graduate?	Course of Study
High School			
College		Major:	
		Degree:	
Other			

## Employment History *List last employer first, including US military service*

From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for a Reference?		Reason for Leaving	Hourly Rate/Salary
From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for a Reference?		Reason for Leaving	Hourly Rate/Salary
From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for a Reference?		Reason for Leaving	Hourly Rate/Salary

## Skills & Qualifications

Summarize training, skills, licenses, certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, and federal law. If I am hired, I understand that I am an "at will" employee which means that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, unless otherwise required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's board. I understand that by signing and submitting this application that all the information I provide to the Township and any information the Township obtains on its own that is related to my application is the sole and exclusive property of the Township. Unless specifically required by law, I understand that the Township is under no obligation to provide or release any information obtained as part of the application process to myself, another applicant or the general public. This exclusion applies not only application materials, but also any test results, internal interviews or related analysis.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I hereby consent to having a physical examination and/or test(s), including but not limited to, drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

I agree not to commence any action or suit relating to my employment with the Employer more than twelve (12) months after the occurrence of the facts giving rise to the claim, or more than twelve (12) months after the date of my termination of such employment, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than twelve (12) months, I agree that the shorter statute of limitations shall apply. If I am employed, I understand that additional personal data may be required for statistical purposes. I will abide by all policies, rules, and regulations of the Employer.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_