

I give permission to Oscoda Township to check my driving record for the purpose of employment with the Township

Name _____

Signature _____

To the Applicant: We appreciate your interest in Oscoda 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, handicap, sex, religion, national origin, age, marital or veteran status.

PERSONAL

Name _____ Date of Application _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

Are you 18 years or older? Yes ___ No ___

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

Have you been previously employed here? Yes ___ No ___ If yes, date(s) _____

Supervisor's Name _____

Have you filed an application before? Yes ___ No ___ If yes, date(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

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 _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes _____ No _____

If so, where, when and nature of offense: _____

Do you have a valid driver's license? Yes ___ No ___ License No. _____ State _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex national origin, handicap, marital or veterans 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 give you my permission to 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. By signing this application, 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 THERMINATE 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 BOARD OF TRUSTEES AT A REGULAR SCHEDULED BOARD MEETING. I agree that I shall be bound by the other rules, polices, 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 Township Supervisor or his 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 Township failed to accommodate the handicapper.

Limitation on Time for Employment Complaints

I AGREE THAT ANY ACTION OR LAWSUIT AGAINST THE TOWNSHIP ARISING OUT OF MY EMPLOYEMNT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUES, MUST BE BROUGHT WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIO PERIOD TO THE CONTRARY.

Signature

Date

EMPLOYMENT EXPERIENCE (List current or most recent job first)

Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		Work Performed
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		Work Performed
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		Work Performed
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		Work Performed
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		Work Performed
Supervisor	From	To	
Reason for Leaving			

EDUCATION

	Name/Location	Years	Diploma	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocation/Training				

Other educational training: _____