CHARTER TOWNSHIP OF CLINTON
RELATIVE DISCLOSURE FOR PUBLIC OFFICIALS

In accordance with the Charter Township of Clinton Ethics Policy, public officials must disclose existing relatives employed by the Township and/or relatives who apply for employment prior to the hiring process.

Questions should be directed to the Human Resources Department, 40700 Romeo Plank Rd., Clinton Township, MI 48038, Telephone (586) 286-9341.

FORM MUST BE FILED WITH THE HUMAN RESOURCES DEPARTMENT BY THE PUBLIC OFFICIAL WITHIN 5 DAYS OF RELATIVE'S APPLICATION FOR EMPLOYMENT WITH THE TOWNSHIP

Date of Statement:

OFFICIAL'S INFORMATION

First Name:

Last Name:

Street Address:

City: State: Zip Code:

Township Position:

PART A -- CURRENT EMPLOYEES

Identify any current relative holding a full and/or part-time position with the Charter Township of Clinton. For the purpose of this disclosure, a relative is defined as any of the following, whether by blood or adoption: parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Employee Name:

Title/Position:

Department

Relationship to Official:

Employee Name:

Title/Position:

Department

Relationship to Official:

Employee Name:

Title/Position:

Department

Relationship to Official:

Save Form

PART B -- PROSPECTIVE EMPLOYEES

Identify any relative applying for a full and/or part-time position with the Charter Township of Clinton. For the purpose of this disclosure, a relative is defined as any of the following, whether by blood or adoption: parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

Relatives's Name:	
Title/Position Applying:	
Relationship:	
Relatives's Name:	
Title/Position Applying:	
Relationship:	
Relatives's Name:	
Title/Position Applying:	
Relationship:	

ATTESTATION

I hereby acknowledge that the information contained herein is to the best of my knowledge correct and complete.

Filer's Signature: Date:

Save Form