Application For Employment

CHARTER TOWNSHIP OF CLINTON

40700 Romeo Plank Road, Clinton Township, MI 48038

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status and in compliance with state and federal regulations on handicappers civil rights. Under the Michigan handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

| | | SE PRINT OR T | ГҮРЕ | | | |
|---|------------------------|--|---------------|--------------------------------|----------------|-------------|
| Date: | | | | | | |
| Position(s) Applied For: | | Would you consider a part-time position? | | | | |
| Name: | | | | | | |
| (Last) | (| First) | | (Middle) | J | |
| Address: | | | | How long? (Fr | om/To) | |
| (Number & Street) Preferred method of communication: | (City) | (State) | (Zip) | | / | |
| Home Phone: | _ Cell Phone : | Ema | il Address: | | | |
| In Case of Emergency Please N | otify: | | | | | |
| Name | | | Relationship_ | | | |
| Address | | | Telephone | | | |
| General Information | | | | | | |
| Are you over 18 years of age? | | | | | Yes | No |
| Are you on lay-off? | | | | | Yes | No |
| If yes, are you subject to re | ecall? | | | | Yes | No |
| Do you have any relatives work If yes, who? | | ? | | | Yes | No |
| Have you filed an application w If yes, when? | | | | | Yes | No |
| Were you ever employed by the If yes: | | f Clinton previou | isly? | | Yes | No |
| Position | Department | | | Dates | | |
| Are you authorized to work in the Will you now or in the future report. Note: Employment is contingent upon veriflegislation. | equire sponsorship for | No r employment visity under the provision | sa status? | Yes No on Reform and Control A | act of 1986 an | nd subsequ |

| • | nissed or asked to resign you worked and explanat | | ? | Yes | No |
|--|--|-----------------------------|--------------------------|---------------------|----|
| Have you ever been refu If yes, state by whom an | 2 0 | | | Yes | No |
| Have you ever been con If yes, completely descri | victed of a crime? be including location and | l date: | | Yes | No |
| nature of violation, and re Are you capable of perf | d will not necessarily be a chabilitation will be consideration. | lered. reasonable accommod: | ation (special assistanc | e, equipment or oth | er |
| who referred you to the | lved in the job or occupa Township? | tion for which you hav | e applied? | Yes | No |
| EDUCATION & TRAIN | • | | | | |
| | High School or Equivalent | Vocational/ Technical | College | Graduate | |

| | High School or Equivalent | Vocational/ Technical | College | Graduate |
|---------------------------------------|------------------------------|--------------------------|---------|----------|
| Name of School, Address/City/State | | | | |
| Did you graduate? | Yes No | Yes No | Yes No | Yes No |
| Credits earned? | | | | |
| Degree or certificate Received: | NA | | | |
| Describe Course of Study: | | | | |

| | memberships and offices held, and volunt dor, gender, religion, national origin, age, l class): | ` | |
|--|---|-----------|------|
| Driving Information & History: | | | |
| Driver's License No | Chauffeur License No | | |
| Training & Experience: | | | |
| Typing SpeedW.P.I Computer Skills (include software packa | | | |
| Hand Tools: | | | |
| References (Do not include relatives or fo | | | |
| Name | Address | Telephone | |
| Military Service Record | | | |
| Have you had any experience in the Arm or in a state national guard? | ned Forces of the United States of America | Yes | No |
| If yes, which branch?Active Duty from | Rank at discharge to | | |
| Nature of Duties: | | | ···· |
| | Were you honorab | | No |
| Total II dishonorable disentinge from the mintary will | . not necessarily oc a our to employment. | | |

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular

activities that pertain to the position(s) for which you are applying.

| Employer | | Type of Busine | ess |
|---|---|-------------------------|--|
| Address | Phone | | |
| Starting Date | Starting Title | | Starting Earnings |
| Ending Date | Ending Title | | Ending Earnings _ |
| Starting Duties | | | |
| Ending Duties | | | |
| Last Immediate Supervisor's Name | | | |
| What did you like <i>Best</i> about this job? | | | |
| What did you like <i>Least</i> about this job? | | | |
| | | | |
| eason for Leaving | | | |
| | | | |
| May we contact this employer without jed | opardizing your position? | | |
| Reason for Leaving May we contact this employer without jeo Cmployer Address | ppardizing your position? | _Type of Business | |
| May we contact this employer without jed mployer | opardizing your position? | _Type of Business | ne |
| May we contact this employer without jeed mployer ddress tarting Date | opardizing your position? | _Type of Business | ne _ Starting Earnings |
| May we contact this employer without jed | opardizing your position? Starting Title Ending Title | _Type of Business | ne Starting Earnings _ Ending Earnings |
| May we contact this employer without jeed mployer ddress tarting Date nding Date | | _Type of Business | ne _ Starting Earnings _ Ending Earnings |
| May we contact this employer without jeed mployer ddress tarting Date tarting Duties anding Duties | opardizing your position? Starting Title Ending Title | _Type of Business | neStarting Earnings _ Ending Earnings |
| mployerddressarting Datearting Dutiesast Immediate Supervisor's Name | ppardizing your position? Starting Title Ending Title | _Type of Business | ne _ Starting Earnings _ Ending Earnings |
| May we contact this employer without jeed mployer | | _Type of Business Photo | ne _ Starting Earnings _ Ending Earnings |

| Employer | | Type of Business | |
|--|----------------|------------------|------------------|
| Address | | Phone | |
| Starting Date | Starting Title | | Starting Earning |
| Ending Date | Ending Title | | Ending Earnings |
| Starting Duties | | | |
| Ending Duties | | | |
| Last Immediate Supervisor's Name | | Title _ | |
| What did you like <i>Best</i> about this job? | | | |
| What did you like <i>Least</i> about this job? | | | |
| Reason for Leaving | | | |
| May we contact this employer without jeopa | | | |
| Employer | | Type of Business | |
| Address | | Phone | |
| Starting Date | Starting Title | | Starting Earning |
| Ending Date | Ending Title | | Ending Earnings |
| Starting Duties | | | |
| Ending Duties | | | |
| Last Immediate Supervisor's Name | | | |
| What did you like <i>Best</i> about this job? | | | |
| What did you like <i>Least</i> about this job? | | | |
| Reason for Leaving | | | |
| May we contact this employer without ieona | | | |

IF THERE ARE MORE THAN FOUR PREVIOUS EMPLOYERS, ATTACH ADDITIONAL SHEET.

ACKNOWLEDGEMENTS, RELEASES, AND OTHER IMPORTANT INFORMATION READ CAREFULLY

- 1. The information in this application is complete and correct. I understand and acknowledge that if I have misrepresented or omitted any information, either in this application or in any interview, my application may be rejected or, if I have already been hired, my employment may be terminated.
- 2. I understand that the Township may request information from my current and former employers or, if I am hired by the Township, that prospective future employers may request information from the Township. Under either case, I authorize the Township and my current and former employers to provide any requested information, including any disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records, regardless of when they were issued. I waive the right to receive written notice of any such disclosure, and I release the Township and my current or former employers from any liability in connection with such disclosure. This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.
- 3. I understand that any employment offer is conditioned upon the results of a drug screening test and a post offer pre-employment medical examination.
- 4. I have read the job description(s) for the position(s) for which I am applying. I acknowledge that if I am disabled and require an accommodation to enable me to perform a job, under Michigan law, I must notify the Township of the need for an accommodation, in writing, within 182 days of when I knew or should have known of such a need, or I will be unable to rely on the Township's statutory duty under Michigan law to accommodate, if any.
- 5. In consideration of my employment, I agree to conform to the rules and regulations of the Charter Township of Clinton. I further acknowledge I will be on a probationary status from my date of hire. As a probationary employee, I understand that (a) I must work during the probationary period without interruptions; (b) my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the Township or myself; (c) no officer or representative of the Township has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above-described employment relationship except an authorized official from the Human Resources Department, and that any such agreement or representation must be in writing and signed by both myself and an authorized Township representative; and (d) after my probationary period ends, I will be subject to the terms and conditions of a collective bargaining agreement and Civil Service rules.
- 6. I agree that in consideration for my employment or continued employment that any claim or lawsuit arising out of my employment with, or my application for employment with, the Township must be filed no more than six (6) months after the day of the action that is the subject of the claim or lawsuit. While I understand that the statue of limitations for claims arising out of an employment-related action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUE OF LIMITATIONS TO THE CONTRARY.

| Name – Please Print | Date | |
|------------------------|-------------|--|
| | | |
| Signature of Applicant | | |

DISCLOSURE TO APPLICANT REGARDING CONSUMER REPORTS

You have applied to the Charter Township of Clinton ("the Township") for employment. The Township may obtain consumer reports about you from a consumer reporting agency or agencies and may use the reports in deciding whether to hire you. These reports may include the following types of information: names and dates of previous employers, reason for termination of prior employment, job performance, work experience, accidents, etc.

Consumer reports may also contain information concerning your driving record, workers compensation claims, credit history, bankruptcy proceedings, criminal history, educational history, social security number and date of birth verification from the Social Security Administration. Information may be obtained from federal, state, or local governments, agencies, and former employers.

If you are hired by the Township, the Township may obtain consumer reports about you from time to time and may use the reports in deciding whether to retain you, promote you, reassign you, or for other employment purposes.

AUTHORIZATION

I understand that the Township may not obtain consumer reports about me unless I authorize it to do so. I also understand that if I refuse to give the Township authorization to obtain consumer reports, my application for employment will not be considered.

I hereby authorize the Charter Township of Clinton to obtain consumer reports in connection with my application and during any future employment by the Township. The Township has disclosed and I understand that consumer reports may include but are not limited to my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, driving records, and any other public records and information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness. I authorize without reservation any party or agency contacted by the Township to furnish the requested information. I understand that I have the right to request the Township to provide me with the nature and substance of all information in its files regarding me as of the time of the request.

This authorization shall service as ongoing authorization to the Township to procure consumer reports about me at any time during my employment (or contract) period.

| Name – Please Print | Date |
|-------------------------|------|
| | |
| Signature of Applicant_ | |

OPTIONAL

| Information on this section will not be made available to those making employment decisions. This information is |
|--|
| requested for statistical reporting purposes only. The data will be used to meet the federal government's reporting |
| requirements under Executive Order 11246, which applies to federal contractors, Title VII of the Civil Rights Act of |
| 1964 (as amended) and other regulations. |

RACE/ETHNIC/GENDER IDENTIFICATION

Male Female
Black (not of Hispanic origin)
Asian or Pacific Islander
American Indian or Alaskan Native
Hispanic
White (not of Hispanic origin)

Position(s) Applied For _____

| BIRTH DATE | AGE | |
|--|------------|--|
| Indicate how you learned of this position(s) | | |
| | | |
| | | |
| Refusal to fill this out will not effect your application being co | onsidered. | |