

Grattan Township  
Application for Employment Form

**GRATTAN TOWNSHIP  
APPLICATION FOR EMPLOYMENT**

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Type of Work Applying For: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How were you referred to us? (Circle only one)

1. By your college
2. Advertisement
3. Employment Agency
4. By an employee. If so, give name: \_\_\_\_\_

**Please Read Carefully:**

**We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age handicap, marital status, or status as a disabled veteran.**

**Information provided on this application will not be used for any discriminatory purpose.**

**Provide All Information Requested.**

**Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.**

**EMPLOYMENT RECORD**

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or Present Job: \_\_\_\_\_

Type or classification of Job: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone No: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

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Supervisors Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Base Salary: \$ \_\_\_\_\_  
Dates Worked: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

**High School:** [ ] Name of School: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

**Technical/Trade (after high school):**

School Name: \_\_\_\_\_  
Major Course or Subject: \_\_\_\_\_  
Date Attended: \_\_\_\_\_  
Date Graduated: \_\_\_\_\_

College (list all attended)

College Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Major Course or Subject: \_\_\_\_\_  
Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Graduated Yes                      No  
Degree: \_\_\_\_\_

College Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Major Course or Subject: \_\_\_\_\_  
Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Graduated Yes                      No  
Degree: \_\_\_\_\_

**Outside Activities:**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap)  
Professional Memberships, Certificates, or Licenses Held.

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Past or Present Civic or Cultural Activities: \_\_\_\_\_

Principal Hobbies: \_\_\_\_\_

**Military Record:**

Branch of Service: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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Military Affiliation: Reserve (Active) \_\_\_\_\_ Reserve (Inactive) \_\_\_\_\_

Kinds of Training and Duty While in Service: \_\_\_\_\_

Special Skills:

To be completed by Applicant for Office/Clerical Work:

Computer: Yes [ ] No [ ] Words typed per Minute: \_\_\_\_\_

Adding Machine/Calculator: Yes [ ] No [ ]

**Computer Skills:**

Software Worked With: Microsoft Word [ ] Microsoft Excel [ ] Microsoft Publisher [ ] Internet Service [ ]

Years of Experience: \_\_\_\_\_

Telephone Experience: \_\_\_\_\_ Have you worked with Multiple Lines? Yes [ ] No [ ]

**Professional/Work References:**

List two past supervisors and one person who are not related to you who have knowledge of your qualifications for the position for which you are applying:

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

May we Contact your Present Employer? Yes [ ] No [ ]

Wage/Salary Required \$ \_\_\_\_\_ Date Available \_\_\_\_\_

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part to be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the Township or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date