

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				

CRIMINAL RECORD

Have you been convicted of have pleaded “no contest”, “nolo contendere” or “guilty” to a crime (a felony or a misdemeanor) that has not been judicially ordered sealed or expunged or statutorily eradicated (You may exclude minor traffic offenses, such as, for example, traffic tickets)? Yes No

If yes, state: where, when and nature of offense, location of court and sentence: _____

A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.

Are there any felony charges currently pending against you? Yes No

If yes, state: where, nature of pending charges, and location of court.

LICENSES AND CERTIFICATIONS

Applicants should complete this section concerning driver’s licenses only if driving is a job duty of the position for which the applicant has applied.

Do you have a valid driver’s license? Yes No State: _____

License Number: _____

Do you have any other licenses or certifications that are related to the position for which you have applied? Yes No

If yes, list certificates and licenses: _____

PROFESSIONAL ORGANIZATIONS

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

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: _____

AUTHORIZATION AND UNDERSTANDING:

Accuracy of Statements

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 TERMINATE 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.

Disability Accommodation Request

I understand that Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand disabled employees and applicants may request an accommodation of their disability by notifying the Township in writing of the need for accommodation within 182 days of the date the disabled person 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 disabled person. There is no such requirement under federal law.

Waiver Regarding Statute of Limitations

I acknowledge and agree that I will not file and am forever barred from bringing any claim, lawsuit or other action against the township, its agents, employees and elected officials, which in any way relates to my application for employment, employment and/or termination of my employment, more than six (6) months after the date of the event giving rise to said claim, lawsuit or other action, unless applicable law provides for a shorter limitations period and in that case the shorter limitations period provided by law shall control. I acknowledge that the statute of limitations for some claims may be longer than six (6) months and I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Signature

Date

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

Name _____

Signature _____