Charter Township of Emmett Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Personnel Director as soon as possible.

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

The Charter Township of Emmett (Township) is an Equal Opportunity Employer. It is the Township's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, citizenship, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PEI	RSONAL INFORMATIO	Date of Application	on	-
Nam	e (first, middle, last)			
Pres	ent Address (street, Township, s	state, zip code)		
Hom	ne Telephone or Number at Whi	ch You Can be Reached B	usiness Telephone	
Posit	tion Desired	Salary/Hourly Rate Desired	Date Available	
1.	Are you at least 18 years old	?	Yes	No
2.	Work Permit No	(if under 18)		
3.	Have you ever been convicte	ed of a crime (including misdemeanors)	? Yes	No
	Are there any felony charges	s pending against you?	Yes	No
	Explain:			
4.	Have you previously been en	nployed by the Township?	Yes	No
	If yes, when:			
	Under what name:			
5.	Have you submitted an appl	ication to the Township before?	Yes	No
	If yes, when:			
	Under what name:			



	6.	List any/all relatives currently employed at the Township. ———————————————————————————————————				
	7.					
	7.	Complete the following question only if the position requires a driver's license: Driver's License Number:				
		Has your driver's license ever been revoked, suspended, restricted? Yes				
		If yes, for what reason and for how long?				
<u>EDU</u>	ICATIO	NAL HISTORY				
Circle	e last gra	de completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 (Asse	ociate) 15 16 (Bachelors)			
Nam	e of High	School:				
	GED:	State:				
	Schoo	ols (include trade schools) attended other than high school Location Course or Da (Township and State) Major Studied Att	tes ended Degree			
	-	ss any training skills or certifications not asked for on this appli	cation: Yes No			
List b		ENT HISTORY inning with the most recent, all present and past employment (use a se	eparate sheet of paper if necessary)			
1.	Comp	oany Name Company Address	Phone Number			
	Positi	ion Held/Job Title	Dates of Employment			
	Name	e and Title of Immediate Supervisor				
	Reaso	on for Leaving	Hourly Wage/Salary			
	Brief	Description of Duties				



Company Name	Company Address	Phone Number
Position Held/Job Title		Dates of Employment
Name and Title of Imme	ediate Supervisor	
Reason for Leaving		Hourly Wage/Salary
Brief Description of Dut	ies	
Company Name	Company Address	Phone Number
Position Held/Job Title		Dates of Employmen
Name and Title of Imme	ediate Supervisor	
Reason for Leaving		Hourly Wage/Salary
Brief Description of Dut	ies	
In case of emergency, co	ontact:	
Name:		
Address		
Telephone		



Employment Application Agreement

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Charter Township of Emmett, (Township) if employed.

I understand that consideration for employment at the Township is conditional upon a review of my qualifications, work history, references, etc. I authorize the Township, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with the Township, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Township, in connection with my application for employment with the Township. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Township.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Township, with or without cause, and with or without any previous notice. I also understand and agree that the Township has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Township employee or representative, other than the Township Board, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the Township Supervisor. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Township are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Township, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated:		
Signature:	 	
(Applicants Name Printed):		

