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| Charter Township of Haring  515 Bell Ave., Cadillac, MI 49601  231-775-8822 |

# Employment Application

**IF YOU NEED HELP TO FILL OUT THIS APPLICATON FORM OR ANY PHASE OF THE EMPLYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORMA ND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONALB AMOUNT OF TIME.**

1. **PLEASE READ “APPLICANT NOTE”**
2. **COMPLETE ALL PAGES OF THIS FORM**
3. **IF MORE SPACE IS NEEDED TO COMPLETE ANY QUESTION, USE A SEPARATE SHEET OF PAPER, NOTING SECTION INFORMATION PERTAINS TO.**
4. **PRINT CLEARLY; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.**

**APPLICANT NOTE:**

**THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS MADE DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICANT PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICATNS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, REACE, AGE, CREED, NATIONAL ORIGIN, OR THE PRESENCE OF DISABILITIES. AFFIRMATIVE ACTION HIRING MAY BE REQUESTED BY QUALIFIED APPLICANTS. ADDITIONAL TESTING OF JOB-RELATED SKILLS AND FOR THE PRESENCE OF DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. AFTER AN OFFER OF EMPLOYMENT, AND PRIOR TO REPORTING TO WORK, YOU ARE REQUIRED TO SUBMIT TO A MEDICAL REVIEW. DEPENDING ON COMPANY POLICY AND THE NEEDS OF THE JOB, YOU WILL BE REQUIRED TO COMPLETE A MEDICAL HISTORY FORM AND MAY BE REQUIRED TO BE EXAMINED BY A MEDICAL PROFESSIONAL DESIGNATED BY THE COMPANY.**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Current Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Previous Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

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| --- | --- | --- | --- | --- |
| Are you currently employed now? | YES | NO | If yes, where? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently under “Lay-Off” status and subject to recall? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony/misdemeanor in the last 7 years? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |
| --- |
| Have you used any names or social security numbers listed on this page? If so, please list: |
|  |

|  |
| --- |
| List the states and countries of residence in the last 7 years: |
|  |

## Job Related Skills

|  |  |
| --- | --- |
| List any languages in which you are fluent: |  |

|  |
| --- |
| Please list any other skills, licenses, or certificates that may be job related or that you feel would be of value to this job or company: |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Have you been given a job description or had the requirements of the job explained to you? | YES | NO |
| Do you understand the requirements? | YES | NO |
| Can you perform the requirements of this job with or without reasonable accommodations? | YES | NO |

## Specialized Skills

Please check the following skills/equipment you have knowledge in:

Creating Spreadsheets  Multi-Line Phone system

Word Processing  Fax Machine

Photocopier  Great Customer Service

|  |
| --- |
| Describe any specialized training, apprenticeships, and extra-curricular activities which you feel may contribute to your performing the position: |
|  |
|  |
|  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

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| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Comments

Please state any additional information you feel may be helpful to us in considering your application. If you need additional space, please continue on a separate sheet of paper, noting section information pertains to.

## Disclaimer and Signature

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me on the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in the application my result in rejection of my application or discharge at any time during my employment. I authorize the Charter Township of Haring, and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If township policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |