

NAME: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT CHARTER TOWNSHIP OF HARING

## PERSONAL INFORMATION

### APPLICANT INSTRUCTIONS

PLEASE RETURN THIS APPLICATION TO:

Haring Township Supervisor  
515 Bell Avenue, Cadillac, MI 49601  
Phone: 231-775-8822

IF YOU NEED HELP TO FILL OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

1. PLEASE READ "APPLICANT NOTE."
2. COMPLETE BOTH SIDES OF THIS FORM.
3. IF MORE SPACE IS NEEDED TO COMPLETE ANY QUESTION, USE COMMENTS SECTION ON THE BACK.
4. PRINT CLEARLY; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
5. SOME PACKETS MAY HAVE AN ATTACHED AFFIRMATIVE ACTION QUESTIONNAIRE. THIS INFORMATION IS BEING GATHERED FOR AFFIRMATIVE ACTION UNDER SECTION 503 OF THE REHABILITATION ACT OF 1973. THE INFORMATION REQUESTED IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL. AN APPLICANT WILL NOT BE SUBJECT TO ANY ADVERSE TREATMENT FOR REFUSING TO COMPLETE THE QUESTIONNAIRE.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP

### 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 DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICANT PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, 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.

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? \_\_\_\_\_ IF YES, GIVE DATE \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? \_\_\_\_\_

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

ARE YOU AVAILABLE TO WORK: \_\_\_ FULL TIME \_\_\_ PART TIME \_\_\_ SHIFT WORK \_\_\_ TEMPORARY

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 7 YEARS? IF YES WOULD YOU PLEASE DESCRIBE \_\_\_\_\_

IN ACCORDANCE WITH COMPANY POLICY THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION.)

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THOSE ON THIS PAGE? IF SO, PLEASE LIST: \_\_\_\_\_

LIST STATES AND COUNTRIES OF RESIDENCE FOR THE PAST SEVEN YEARS: \_\_\_\_\_

SOC. SEC.: \_\_\_\_\_

DATE \_\_\_\_\_

**JOB RELATED SKILLS**

NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED

LIST ANY LANGUAGES IN WHICH YOU ARE FLUENT \_\_\_\_\_

\_\_\_ YES \_\_\_ NO IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVERS LICENSE?

DRIVERS LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

\_\_\_ YES \_\_\_ NO HAVE YOU HAD ANY MOVING VIOLATIONS? PLEASE DESCRIBE.

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.

\_\_\_ YES \_\_\_ NO HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED TO YOU?

\_\_\_ YES \_\_\_ NO DO YOU UNDERSTAND THESE REQUIREMENTS?

\_\_\_ YES \_\_\_ NO CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

**EDUCATION**

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

	NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL				
COLLEGE				
OTHER				

**SPECIALIZED SKILLS: CHECK SKILLS/EQUIPMENT OPERATED**

SPREADSHEET      OTHERS: \_\_\_\_\_  
 PC      \_\_\_\_\_  
 WORD PROCESSING      \_\_\_\_\_  
 PHOTOCOPIER      \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS AND EXTRA-CURRICULAR ACTIVITIES WHICH YOU FEEL MAY CONTRIBUTE TO YOUR PERFORMING THE POSITION.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER	DATES EMPLOYED FROM   TO	Work Performed
ADDRESS		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING   FINAL	
JOB TITLE		
REASON FOR LEAVING		
EMPLOYER	DATES EMPLOYED FROM   TO	Work Performed
ADDRESS		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING   FINAL	
JOB TITLE		
REASON FOR LEAVING		
EMPLOYER	DATES EMPLOYED FROM   TO	Work Performed
ADDRESS		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING   FINAL	
JOB TITLE		
REASON FOR LEAVING		
EMPLOYER	DATES EMPLOYED FROM   TO	Work Performed
ADDRESS		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING   FINAL	
JOB TITLE		
REASON FOR LEAVING		

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER, NOTING SECTION INFORMATION PERTAINS TO.

**REFERENCES**

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. PLEASE DO NOT INCLUDE ANY RELATIVES.

1. \_\_\_\_\_ (NAME) ( ) PHONE# \_\_\_\_\_  
 \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

2. \_\_\_\_\_ (NAME) ( ) PHONE# \_\_\_\_\_  
 \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

3. \_\_\_\_\_ (NAME) ( ) PHONE# \_\_\_\_\_  
 \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

**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.

**CERTIFY AND RELEASE**

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 THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE THE COUNTY, AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY BACKGROUND AND HEREBY RELEASE ANY SAID PERSON, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COUNTY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.

(DATE)

(SIGNATURE)

**FOR PERSONNEL DEPARTMENT USE ONLY**

RESUME ATTACHED ( ) YES ( ) NO

ARRANGE INTERVIEW ( ) YES ( ) NO DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

EMPLOYED ( ) YES ( ) NO DATE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT PHYSICAL/TESTING SCHEDULED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

HOURLY RATE/SALARY: \_\_\_\_\_ WEEKLY SCHEDULE: (CIRCLE ONE) 37.5 40.0 OTHER

COMMENTS: \_\_\_\_\_