

**ROSCOMMON TOWNSHIP  
APPLICATION FOR EMPLOYMENT**

This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the day that the need is known. Federal law has no such requirement.

Position Applied For: \_\_\_\_\_

Date Of Application: \_\_\_\_\_

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Date You Can Start: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street/Mailing
City
State
Zip

Permanent Address(If different): \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_ No \_\_\_

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Type of employment: Fulltime \_\_\_\_\_ Parttime \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied to this Township before? \_\_\_\_\_

Where? \_\_\_\_\_ Under what name? \_\_\_\_\_ When? \_\_\_\_\_

<b>EDUCATION</b>	<b>NAME/LOCATION</b>	<b>NO. OF YEARS ATTENDED</b>	<b>DID YOU GRADUATE?</b>	<b>SUBJECTS STUDIED</b>
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, SPECIALIZED				

Do you have US Military experience? \_\_\_\_\_ Date entered? \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 (The response to this question will be considered in the context of its job-relatedness only.)  
 If so, please state citation, date and place where offense occurred:

\_\_\_\_\_

Provide any additional information such as special skills, training, management experience, equipment operation or qualification you feel will be helpful to us in considering your application.

\_\_\_\_\_

**REFERENCES** Three individuals, not related to you, whom you have known for at least one year:

NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS KNOWN

**EMERGENCY CONTACT:**

Name	Address	City	State/Zip	Phone

**CURRENT AND MOST RECENT FORMER EMPLOYERS:**

DATE MONTH/YEAR	NAME, ADDRESS, PHONE	SALARY: START AND END	LAST POSITION HELD	REASON FOR LEAVING
From:				
To:				
From:				
To:				

May we contact the employers listed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, which ones? \_\_\_\_\_

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can

be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted\*, to provide the Township with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Township.

As a condition of employment, employees of the Township agree not to commence any action, claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

\*Employers specifically excepted: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

For Employer Use Only	
Interviewed by: _____	Date: _____ Hired: Yes ___ No ___
Starting Date: _____	Position: _____
Wage: _____	

