

FOR OFFICE USE ONLY	
Date Hired	_____
Starting Date	_____

FOR OFFICE USE ONLY	
Station _____	Rate _____
Position _____	Date _____

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)
"We are an equal opportunity employer"

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 or older? _____

Type of Position Desired _____ Paid On Call _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 19__

Please insert times on each day you would be available for work.

NOTE: The Mt Morris Township **Personnel Policies & Procedures** Manual provides the following:

Residency

"All employees of the Township must become residents of the Township within twelve months after the date of hire unless specifically exempted by the Township Board, and remain a resident of the Township as long as he or she is a Township Employee."

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No

Branch of Service _____ From _____ To _____

GENERAL INFORMATION

List outside Interests _____
(Clubs, Organizations including Professional Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.

Have you ever been convicted of a crime? Yes No If so, give full particulars _____

Have you ever been refused a fidelity bond? _____

How much time have you missed from work during the last two years? _____

Do you have a valid driver's license? Yes No

State _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specify	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment state:)

List below present and past employment, beginning with your most recent

Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST.
Information must be complete - Be accurate

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer? Yes No

I	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Describe the work you did:					
	Telephone:						

II	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Describe the work you did:					
	Telephone:						

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

Have you ever been discharged from any position? Yes No If yes, explain _____

Is this a complete list of your employment? Yes No

Are we granted permission to check all information? Yes No

Indicate by number _____ Any of the above employers whom you do not wish us to contact? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

Briefly set forth why you desire employment with this (Township, City, Village Name). (If additional space is required, please use the "Additional Information" section on the next page.)

Name and address of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the township and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the township as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the township to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Supervisor of the township. I further agree that if I should bring any action or claim arising out of my employment against the township in which the township prevails, I will pay to the township any and all costs incurred by the township in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

_____ Applicants Signature _____ Date

Witnessed by: _____

Date: _____

Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.

NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify this company in writing of any accommodation that you would need as the result of any physical handicap that you have in order to perform the job duties of the position for which you are applying.

A handicap includes:

- (a) A Physical or mental condition which is the result of disease, injury, congenital condition of birth, or functional disorder if it substantially limits one or more of your major life activities and which is unrelated to your ability to perform the duties of a particular job or is unrelated to your qualifications for employment or promotion;
- (b) A history of such a physical or mental condition; or
- (c) The condition of being regarded as having such a physical or mental condition.

A handicap does not include:

- (a) a physical or mental condition caused by your current illegal use of controlled substance; or
- (b) a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

A handicap is unrelated to an individual's ability if, with or without accommodation, the handicap does not prevent the individual from performing the duties of a particular job or position.

If you have a handicap, you are required to establish that you have made a written request for the accommodation within 182 days from this date, and that you could perform the duties of the position being applied for with that accommodation.

This notice is given to you on _____, and a copy with your signature on it is being filed along with your employment application.

Signature of Applicant

Witnessed

Date

Date

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree that if accepted for membership on the fire department I will obey all policies and procedures of the municipality, fire department, and all applicable statutes of the state of Michigan. I understand that membership on the fire department is on an at-will basis, and may be terminated by the municipality for any reason.

Applicant Signature _____

Interviewed by: _____

Fire Station assigned: _____

OFFICE USE ONLY

Date application received _____

Date reviewed _____

Approved YES () NO ()

Reasons _____

Notes/Restrictions _____

Background check performed by: _____

Date _____

Approved by: _____

Date _____