

# Frenchtown Charter Township

## Employment Application-Summer Youth Program

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For: \_\_\_\_\_ Date of Application \_\_\_\_

Tot Lot    Umpire/Score Keeper    Both

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

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Address (Number)      Street      City      State      Zip Code

Telephone Number(s)      Social Security Number

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• If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

• Have you ever been employed with us before?  Yes  No    If Yes, give date \_\_\_\_\_

• Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

• On what date would you be available for work? \_\_\_\_\_

• Are you available for work:       Full Time     Part Time     Shift Work     Temporary

• Have you been convicted of a felony within the last seven (7) years?     Yes  No

If YES, please explain: \_\_\_\_\_

### Application's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

In order to be officially on the Township payroll and to complete your employment packet, please fill out the enclosed I-9 form and return in the enclosed envelope. This must be returned before you can be paid.

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

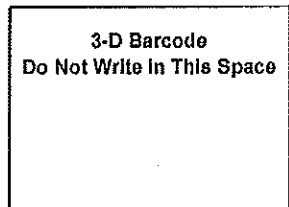
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

**Employer Completes Next Page**

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: Driver Lic/Student ID/Other		Document Title: Social Security Card
Issuing Authority:		Issuing Authority:		Issuing Authority: State of Michigan
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): N/A
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write In This Space**

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resources	
Last Name (Family Name) Castiglione	First Name (Given Name) Lynda	Employer's Business or Organization Name Frenchtown Charter Twp.		
Employer's Business or Organization Address (Street Number and Name) 2744 Vivian Road		City or Town MONROE	State MI	Zip Code 48162

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

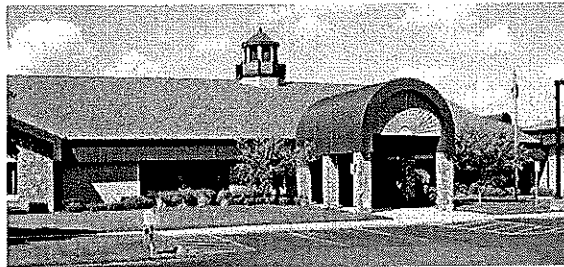
Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative: Lynda A Castiglione
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**JAMES A. McDEVITT**  
Supervisor - (734) 242-5904  
Fax - (734) 242-8589

**MARK J. BAKER**  
Clerk - (734) 242-5800  
Fax: (734) 242-1508

**JULIE A. ELLISON**  
Treasurer - (734) 242-5902  
Fax: (734) 242-1508

**BUILDING DEPARTMENT**  
(734) 242-5900  
Fax: (734) 242-1634



**FRENCHTOWN CHARTER TOWNSHIP**

2744 Vivian Road - Monroe, Michigan 48162-9249 - (734) 242-3282

**HEDWIG B. KAUFMAN**

**JACK C. LINDQUIST, SR.**

**ALAN (AL) VANWASHENOVA**

**KRAIG A. YOAS**

*TRUSTEES*

**ASSESSING DEPARTMENT**  
(734) 242-8588

**CRIMINAL HISTORY CONSENT FORM FOR EMPLOYMENT**

As a prospective employee or volunteer of Frenchtown Charter Township I understand that it is the Township's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below.

Name: \_\_\_\_\_

Last

First

Middle

Maiden name or names previously used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

\_\_\_\_ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury of any crime.

\_\_\_\_ 2. I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (*attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction*):

Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

In signing this form, I understand and agree that:

3. It is a violation of Title VII of the US Civil Rights Act for employers to have a policy of not hiring or accepting applications from persons with a criminal conviction.

\_\_\_\_\_  
Signature of Prospective Employee/Volunteer

\_\_\_\_\_  
Date