

Application for Employment

Frenchtown Charter Township
2744 Vivian Road
Monroe, MI 48162

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.
(Please print)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> ADVERTISEMENT		<input type="checkbox"/> FRIEND		<input type="checkbox"/> WALK-IN	
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> RELATIVE	
Last Name		First Name		Middle Name	
Address	(Number)	(Street)	(City)	(State)	(Zip Code)
Telephone Number(s)				Social Security Number	

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
If Yes, give date _____
- Have you ever been employed with us before? Yes No
If Yes, give date _____
- Are you currently employed? Yes No
- May we contact your current employer? Yes No
- 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) Yes No
- On what date would you be available for work? _____
- Are you available for work: Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you been convicted of a misdemeanor or felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If YES, please explain: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any Specialized Training, Apprenticeship Skills and Extra-Curricular Activities

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Equalizer	_____	_____
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> GIS	_____	_____
<input type="checkbox"/> Power Point	<input type="checkbox"/> Calculator	_____	_____

References

1.	_____	()
	(Name/Title)	(Telephone Number)
2.	_____	()
	(Name/Title)	(Telephone Number)
3.	_____	()
	(Name/Title)	(Telephone Number)
4.	_____	()
	(Name/Title)	(Telephone Number)

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.

Employment Experience

1.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities, and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Applicant'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

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	_____ _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____ Department: _____
By: _____	
Name and Title Date	

Notes _____

