
Applicant Name

CHARTER TOWNSHIP of RAISIN

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Written January 1998
 Revised January 2001
 Revised September 2004

Date: _____

APPLICANT: We appreciate your interest in seeking employment with Charter Township of Raisin. We wish to advise you that Charter Township of Raisin is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, age of forty or more, sex, national origin, marital status or handicap which, with reasonable accommodation, does not impair an employee's work performance or significantly increase work hazards for such employee or others. None of the information requested below will be used for any unlawful purpose.

Full Name: _____ Social Security No.: _____

Driver's License No.: _____

Street Address: _____ Telephone No.: _____

City, State, Zip Code: _____

Position sought: _____ If accepted for employment, when can you begin work? _____

Are you at least 18 years of age? Yes No

Have you been previously employed by Charter Township of Raisin? Yes No

Do you have friends or relatives who work for Charter Township of Raisin? Yes No

If answer above is yes, list name(s): _____

Are you legally authorized to work in the United States? Yes No

List any convictions by any judicial body, including traffic court offenses. If you have no arrest/convictions state, none. The information provided will be evaluated to determine whether it is manifestly inconsistent with the position sought, to the extent permitted by law.

EDUCATION RECORD

Type of School	Name & Address	Major	Level Completed	Graduate	Degree or Credits
High School					
Business/Tech School					
College or University					
Graduate School					
Other					

CERTIFICATIONS/LICENSES/SPECIALIZED TRAINING

Certification/Licenses	Level of Cert./Lic./Training	Agency	Expiration Date

MILITARY SERVICE RECORD

Have you served in the United States Military Service? Yes No

If answer to the above question is yes, in what branch did you serve? _____

What special training did you receive? _____

What were your specific duties? _____

What was the last rank you held? _____ Reserve Status: Active Inactive

We will not discriminate on the basis of veteran and/or military status. The information provided in this section will be used only to verify military status.

PROFESSIONAL DESIGNATIONS

List any and all professional designations that you now hold or once held

PERSONAL REFERENCES

List three personal references. Exclude former employers, relatives, member of the clergy or persons whose title or address might indicate your race, color, sex, age, national origin, ancestry or handicap.

Name	Address	Telephone Number	Occupation

FORMER EMPLOYMENT

Most Recent Employer	Dates	Work Performed
Name: Address: Phone No.: Supervisor:	Month and Year From _____ To _____ Reason for leaving:	Position: Type of work:
Previous Employers		
Name: Address: Phone No.: Supervisor:	Month and Year From _____ To _____ Reason for leaving:	Position: Type of work:
Name: Address: Phone No.: Supervisor:	Month and Year From _____ To _____ Reason for leaving:	Position: Type of work:

How many days were you absent from work during the last twelve months of employment? _____

Have you ever been dismissed or forced to resign by any employer? Yes No

If yes please note employer and reason for discharge etc. _____

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

Please explain any period of unemployment in excess of 6 months: _____

Of all work performed in which have you been most successful? _____

What type of work duties do you like best? _____

Summarize any special training, skills, experience and/or qualifications you believe may better qualify you for work with our township: _____

The above information is complete and true to the best of my knowledge. I understand that a misrepresentation or omission of facts on this application or in the interview process will warrant refusal to hire or immediate discharge. I authorize this township to contact any and/or all of my references, educational institutions and former employers for full information, and understand that any offer of employment can be made contingent upon my obtaining cooperation from previous employers regarding background information and upon documentation of U.S. citizenship or lawful alien status. I agree to take a physical examination and/or substance abuse tests. The examining physician may disclose all findings to an authorized department representative.

I also agree that any offer of employment is for at will employment, to the maximum extent permitted by law. Employment at will means that employment and compensation are for no set period of time and can be terminated by myself or the township at any time without cause and without notice.

I hereby authorize Charter Township of Raisin or legal representative thereof, to request and receive investigation reports from any investigative agency or bureau, relative to my personal history character and/or reputation and from any credit agency or bureau, relative to my financial and credit record.

I understand I have the right to request a disclosure of the source and the nature and scope of information sought in any investigative report relative to my application for employment.

Applicant's Signature: _____

CHARTER TOWNSHIP of RAISIN

Application Release Form

I, _____, presently residing at _____, hereby apply for employment with the CHARTER TOWNSHIP of RAISIN. I have been advised and am fully aware that a representative of the township will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureau and/or firms who may have information regarding my credit history, and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release it to the Charter Township of Raisin. I hereby waive any privilege or right which might otherwise forbid any physician, or other person who has attended me or other school, official, court policy agency, credit bureau, employer, firm or person, from disclosing to the Charter Township of Raisin any knowledge or information they have concerning me. I further consent that Township Supervisor or his/her representative is provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Charter Township of Raisin or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Charter Township of Raisin, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained therefrom.

Signature of Applicant

Date of Birth: _____
Social Security #: _____

Subscribed and sworn to before me on _____, 20____, Lenawee County, Michigan.

Notary Public Signature (Seal/Stamp)
