

APPLICATION FOR EMPLOYMENT

Instructions: It is the policy of the Charter Township of Independence to provide equal opportunity with regard to all terms and conditions of employment. The Charter Township of Independence complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Date of Application

Name (First, Middle, Last)

(_____) _____

Phone _____

Social Security No. _____

Present Address

City/State/Zip

Position applied for

Expected pay

Shift preferred: 1 2 3 Any

Are you at least 18 years old? Yes No

Work Permit No. (if under 18) _____

Would you accept full time work? Yes No

Would you accept part time work? Yes No

On what date would you be available to work? _____

Have you ever worked under a different name? Yes No

If so, please provide that name _____

Have you ever been employed here before: Yes No

If yes, what dates? _____

List any/all relatives currently employed at the Township:

Special training or skills:

Language, machine operation, etc. that would be of benefit in the job for which you are applying

Complete the following only if the position requires a driver's license.

Driver's License Number : _____

Has your driver's license ever been revoked, suspended or restricted? Yes No

If yes, for what reason and for how long: _____

List any moving violations during the past three years _____

Are you legally eligible for employment in the United States? Yes No

If yes, proof is required.

For Office Use Only:

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Notes: _____

Attachments

____ Resume

____ Applicant Reference Check

____ Applicant Interview

____ Payroll Change Notice

____ Employee DataCard

Employment Experience

Place an by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer _____
Address _____
_____ Phone (____) _____
Job Title _____ Supervisor _____
Dates Employed: From _____ to _____.
Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

2. Employer _____
Address _____
_____ Phone (____) _____
Job Title _____ Supervisor _____
Dates Employed: From _____ to _____.
Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

3. Employer _____
Address _____
_____ Phone (____) _____
Job Title _____ Supervisor _____
Dates Employed: From _____ to _____.
Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

4. Employer _____
Address _____
_____ Phone (____) _____
Job Title _____ Supervisor _____
Dates Employed: From _____ to _____.
Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

Educational Background:

Grammar School:

Name of School _____ Location _____
Course of Study _____ Did you graduate? _____
Degree or diploma _____

High School:

Name of School _____ Location _____
Course of Study _____ Did you graduate? _____
Degree or diploma _____

College:

Name of School _____ Location _____
Course of Study _____ Did you graduate? _____
Degree or diploma _____

Graduate School:

Name of School _____ Location _____
Course of Study _____ Did you graduate? _____
Degree or diploma _____

Vocational Training - Other:

Name of School _____ Location _____
Course of Study _____ Did you graduate? _____
Degree or diploma _____

Continuing Education

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

Applicant's Signature

Date

APPLICANT: DO NOT WRITE ON THIS PAGE. FOR OFFICE USE ONLY.

Interview Results:

Interviewer	Date	Comments

Test Results:

Tests Administered	Date	Score	Rating	Comments and Interpretation

Reference Check:

Results of Reference Check

Employer 1: _____

Employer 2: _____

Employer 3: _____

Employer 4: _____
