## CHARTER TOWNSHIP OF GRAND BLANC APPLICATION FOR EMPLOYMENT

I. General Information	on (Please Print)				
Date:	Social Security No.		Telepho	one No:	
Name:Last		First		Middle	
Address:			City	State	Zip
Position Desired:			Pay Desired:		
If hired, can you provide	the documents required to	prove that you are	legally able to work in the	U.S.?Yes	No
	al information we may need fy the information given in	-			-
Are you over 18	YesNo				
Have you filed an applica	tion here before?Y	es <u>No</u>	If yes, give date:		
Have you ever been empl	oyed here before?Y	lesNo	If yes, give date:		
Are any of your relatives	current or former employe	es of Grand Blanc	Township?Yes _	No	
Are you employed now?	YesNo				
On what date would you	be available for work?		Are you on a lay-off and su	bject to recall?	_YesNo
Are you available to work	x full time?Yes	No Part	time?YesN	No	
-	icted of a crime or are there			Yes No	D If yes, please
	automatically disqualify a j s such as the age and nature				ed relative to the
Can you perform all of th accommodation?**	e job functions of the posit YesNo	ion(s) for which ye	ou are applying, with or wi	thout a reasonable	
	nmodation does not necessan will allow you to perform				
If you served in the U.S.	Armed Forces, please indic	ate: Branch of	Service		
Dishonorable discharge?	YesNo	Rank at discharge_		Date of discharg	ge
In case of an emergency,	we should notify:				

#### **II. References**

Give the name of three persons not related to you, whom you have known at least one year.

1. Name:	Employer & Title:	
Address & Phone No.:		Years Acquainted:
2. Name:	Employer & Title:	
Address & Phone No.:		Years Acquainted:
3. Name:	Employer & Title:	
Address & Phone No.:		Years Acquainted:

## **III. Education**

School	School Name & Location	Major Subject(s) Studied	Graduated Yes/No	Degree, Diploma, or Certificate
High				
Technical Training				
College				
Other				

### **IV. Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Grand Blanc Township.

Office Skills: Typing (wpm) \_\_\_\_\_ PC software you can operate:\_\_\_\_\_

# V. Employment History

Start with present employer and work back, listing all previous employment. (Use separate sheet if necessary.)

Employer's Name:	Address:
Phone No:	Dates (Starting & Ending):
Supervisor's Name & Title:	Salary (Starting & Ending):
Positions:	
Reason for leaving:	

Employer's Name:	Address:
Phone No:	Dates (Starting & Ending):
Supervisor's Name & Title:	Salary (Starting & Ending):
Positions:	
Reason for leaving:	

Address:
Dates (Starting & Ending):
Salary (Starting & Ending):

Employer's Name:	Address:
Phone No:	Dates (Starting & Ending):
Supervisor's Name & Title:	Salary (Starting & Ending):
Positions:	
Reason for leaving:	

Employer's Name:	Address:
Phone No:	Dates (Starting & Ending):
Supervisor's Name & Title:	Salary (Starting & Ending):
Positions:	
Reason for leaving:	

#### AUTHORIZATION AND UNDERSTANDING

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Grand Blanc Township may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews and I authorize Grand Blanc Township to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry. I understand and acknowledge that Grand Blanc Township is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the Township.

I also understand and acknowledge that, if hired my employment and compensation will be at the will of Grand Blanc Township and can be terminated, with or without cause, and with or without notice, at any time at the option of either Grand Blanc Township or myself. I further understand and agree that no manager, representative, agent or employee of Grand Blanc Township other than its Supervisor, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Supervisor of Grand Blanc Township in order to be effective.

Furthermore, I agree that if I become employed by Grand Blanc Township, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Supervisor or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the Township's discretion and expense.

Applicant's Signature: \_\_\_\_\_

Dated:

#### **Please Read**

This application will only be considered for the ninety calendar day period after its receipt by Grand Blanc Township. Should you wish to be considered after the expiration of this period, you must reapply.

Grand Blanc Township is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight, and marital status. Under the Michigan Handicapper's Civil Rights Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the handicapper knew or reasonably should have known that an accommodation was needed.