



8100 Jackman Road  
 Temperance, Michigan 48182  
 (734) 847-6791  
 FAX: (734) 847-7809

**Paul Pirrone**  
*Supervisor*  
**Trudy L. Hershberger**  
*Clerk*  
**Krista Jandasek**  
*Treasurer*  
**Todd Bruning**  
**Joe Gore**  
**Craig Montri**  
**Rick Steiner**  
*Trustees*

**Personal Information:**

Last name	First name	Middle Initial	Date
Address			Home Phone
City	State	Zip	Cell/Other Phone

Position Applied For:

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**Available:**

- Full-Time                     
  Part-Time                     
  Seasonal  
 Year-round                     
  Summer only-please specify dates \_\_\_\_\_

**Office Use Only**

If you require any reasonable accommodations to complete this form or any part of the application/ selection process, please contact the Personnel Office at (734) 847-6791

Contacted \_\_\_\_\_  
 Interviews \_\_\_\_\_  
 Comments \_\_\_\_\_

Revised 06/17

# Employment History

List all your employers, assignments or volunteer activities, *starting with the most recent*, including military experience (A dishonorable discharge is not an absolute bar to employment and other factors will affect a final decision to hire or not hire.) Explain any gaps in employment on a separate sheet of paper. (If this history doesn't cover the last 5 years, please list on a separate sheet)

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED FROM TO	Summarize the nature of the work performed and job responsibilities:
STREET ADDRESS	CITY ZIP CODE		
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE FINAL	Name(s) you used working for this employer
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	
EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED FROM TO	Summarize the nature of the work performed and job responsibilities:
STREET ADDRESS	CITY ZIP CODE		
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE FINAL	Name(s) you used working for this employer
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	

# Educational/Training Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or class rank E. Major field of study and F. Minor field of study.

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position such as licenses, certifications, etc. (Exclude information which would reveal sex, race, religion, national origin, age, handicap, or other protected status.)

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List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, handicap or other protected status.)

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# General Information

Has your employment ever been terminated involuntarily? .....  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever supervised others .....  YES  NO

If yes, please explain (level, number of years, where): \_\_\_\_\_

Have you read the position description? .....  YES  NO

Can you perform the essential functions of the position applied for, with or without reasonable accommodation? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Do you have any relatives working in the Department for which you are applying to work, or who are elected officials of the Township? .....  YES  NO

If yes, please explain (who): \_\_\_\_\_

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, handicap, color, marital status, or other protected status.)

ORGANIZATION	OFFICES HELD

List computer software familiarity and check the box that best describes your skill level. Use additional sheet if necessary..

SOFTWARE	BASIC	INTERMEDIATE	ADVANCED	COMMENTS

# References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	( ) -	
	( ) -	
	( ) -	

CERTIFICATIONS AND RELEASE

I certify that I have read and understand this Employment Application in its entirety, including, the applicant note on page one of this Employment Application and that the answers given by me to the foregoing questions and the statements made by me are complete and truthful. I understand that any false information, omissions, or misrepresentations of fact called for and provided by me in this Employment Application may result in rejection of my Employment Application or immediate discharge from employment at any time during my employment. I authorize the Township, and/or its agents, including consumer reporting bureaus, to verify any of the information contained in this completed Employment Application, including, but not limited to, my criminal history and my motor vehicle driving records. I authorize all persons, schools, educational institutions, corporations, entities, local units of government, state governmental agencies, federal governmental agencies, and all law enforcement agencies to release any information concerning my personal history, personal background, employment history, driving record history, and criminal history, and hereby release any said persons, educational institutions, schools, corporations, entities, local units of government, state governmental agencies, federal governmental agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing the information which I have authorized to be released hereunder. I hereby agree to execute any and all necessary additional authorizations to provide the above-identified information to the Township in connection with its consideration of this Employment Application, I also understand, acknowledge and agree that the use of illegal drugs are strictly prohibited during any employment I might obtain with the Township. If Township policy requires, either now or in the future, I hereby agree to submit to random drug screening/testing for the express purpose of the detection of the use of illegal drugs both in connection with the processing of this Employment Application and during any employment I might obtain with the Township.

Dated: \_\_\_\_\_ By: \_\_\_\_\_

WITNESSED:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_