

APPLICATION FOR EMPLOYMENT

CHARTER TOWNSHIP OF VAN BUREN
46425 TYLER RD.
BELLEVILLE, MI 48111
(734) 699-8900

NAME:

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information 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"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

POSITION:

Best time to contact you at home is:	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date:	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date:	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	What is your desired salary range?
Are you available to work: <input type="checkbox"/> Full-Time (please indicate shift <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3)	
<input type="checkbox"/> Part-Time (please indicate <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings)	
<input type="checkbox"/> Temporary (please indicate dates available)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DATE:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

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.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
2.	Job Title		Supervisor		
	Reason for Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
3.	Job Title		Supervisor		
	Reason for Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
4.	Job Title		Supervisor		
	Reason for Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		

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 membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

REFERENCES

1.	_____	_____
	Name	Phone #

	Address	
2.	_____	_____
	Name	Phone #

	Address	
3.	_____	_____
	Name	Phone #

	Address	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 45 days. 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 acknowledge 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 Yes No

Remarks _____

INTERVIEWER/DATE

Employed Yes No Date of Employment: _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This is to inform you that the Charter Township of
Van Buren conducts pre-employment drug screening,
an applicant who fails the test will not be hired.
Driver License # _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____