



Application for Employment

Van Buren Charter Township • Human Resources Department
46425 Tyler Rd • Van Buren Township, Michigan 48111
Phone: (734) 699-8900 ext. 9293 • Fax: (734) 699-8958

Van Buren Township is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, family status, veteran status, physical or mental disability, sexual orientation, gender identity or any other protected category. We provide reasonable accommodation for qualified individuals with a disability if requested.

Type or print in black ink. You are required to answer all questions completely, even if you enclose a resume. Extra pages may be attached if you need them. You are responsible for complying with any application deadlines. This form may be turned in at the Human Resources Department or mailed to the above address.

Position Applied for: _____ Date: _____

Name _____
Last First Middle

Address _____
Street City County State Zip Code

Telephone (____) _____ (____) _____ (____) _____
Home Number Work Number Other contact number and name

Cell Phone (____) _____ Driver's License No _____

E-Mail Address: _____

Are you 18 years of age or older? Yes No

EDUCATION AND TRAINING

	High School	Vocational/ Technical	College	Graduate School
School Name, City/State				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Number of credit hours earned				
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, endorsements, certificates, and extracurricular activities that pertain to the position for which you are applying (include CDL licenses and endorsements):

List professional, trade, business group memberships and offices held and volunteer work. Exclude the name and character of groups which indicate race, color, sex, religion, national origin, age, height, weight, marital status, family status, veteran status, physical or mental disability, sexual orientation, gender identity or any other protected category:

EMPLOYMENT HISTORY

Start with present or most recent job and list all previous employers. If you need more space, continue on a separate sheet.

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Instructions: Answer all questions in this section. Questions in this section may be job related or required by state or federal laws. Your answers will not be considered unless the information is related to the job for which you are applying. However, your answers will be compared to information obtained in any background investigation, and any discrepancies may disqualify you from consideration.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?..... Yes No
(Proof of citizenship or immigration status may be requested upon employment)

Are you a resident of Van Buren Township?..... Yes No

Are you able to perform the essential functions of the job for which you are applying?..... Yes No
(We will provide reasonable accommodation to qualified individuals with a disability upon request as required by law.)

Are you currently working? Yes No

Are you on lay-off? Yes No

If yes, from where? _____

If you are on lay-off, are you subject to recall?..... Yes No

If yes, from where? _____

Have you ever been fired or asked to resign?..... Yes No

If yes, give date(s), where you worked and explanation: _____

Do you have any pending felony charges against you?..... Yes No

If yes, completely describe including location(s) and date(s): _____

Have you ever been convicted of a crime(s) other than a minor traffic violation?..... Yes No

(A yes answer does not automatically disqualify you.)

If yes, completely describe including location(s) and date(s): _____

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

If yes, completely describe including location(s) and date(s): _____

Is any additional information, like a prior name you may have had, necessary to check your work record? Yes No

If yes, please explain: _____

Have you ever applied for a job with Van Buren Township? Yes No

If yes:

Position

Department

Dates

Are you on any current eligibility lists for positions with Van Buren Township?..... Yes No

If yes:

Position

Department

Dates

Have you ever been employed by Van Buren Township? Yes No

If yes:

Position

Department

Dates

AUTHORITY TO RELEASE PERSONAL INFORMATION
FOR ALL VAN BUREN TOWNSHIP POSITIONS

This Authorization Form is presented to all applicants for employment with Van Buren Township. While completion of this form is voluntary, the Township reserves the right to disqualify and/or refuse to process the application of anyone who refuses to sign and/or duly provide the requested Authority. You are asked to carefully read each paragraph below. In addition to your complete signature at the bottom of the form, you are instructed to initial each paragraph below to indicate that you have read, understood, and agreed to the contents of each and every authorization, release, waiver, designation, and request. INITIAL Each Paragraph After Reading - DO NOT insert a check mark or "x". You must initial.

____ I hereby authorize the VanBuren Township, Michigan, to conduct investigation into my background including criminal history (conviction and/or pending felony charge), driving record, previous employment (present employer will **not** be contacted without applicant's prior approval), educational background, military history, personal history, and to conduct any other investigation that it deems appropriate.

____ I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish Van Buren Township with all information it may have pertaining to me.

____ I hereby authorize the release of any and all such records of any confidential information to any member of the Van Buren Police Department and/or the Township to be used in conjunction with my application for employment. I hereby release you and your employees and/or agents from any liability or claim for any damage whatsoever incurred by me as a result of furnishing this information. Further, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to Know Act.

____ Further, in consideration of the Township considering my application for employment I hereby release, relieve and indemnify Van Buren Township, Michigan, the Van Buren Police Department the Van Buren Trustees, the Van Buren employees, officials, and agents from and against any and all liability and/or damages of whatsoever kind or nature arising from the use of said information and/or records pertaining to me which is obtained during such investigation

____ This authorization shall continue until revoked by me in writing. A photocopy or reproduction or facsimile transmission of this authorization shall be for all intents and purposes as valid as the original.

____ I acknowledge that I have read the foregoing and read and understand the content and import thereof.

SIGNATURE: _____

FULL NAME (Please Print): _____

ANY PRIOR NAME YOU MAY HAVE HAD: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip Code)

DRIVER'S LICENSE NO. _____ EXPIRES: _____ STATE ISSUED: _____

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: XXX - XX - _____

WITNESS: _____ SIGNATURE: _____
(Please Print) (Signature of Witness)

WITNESS ADDRESS: _____ DATE: _____