

LAKETOWN TOWNSHIP
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME:

SSN:

DL#:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU EIGHTEEN YRS. OR OLDER? YES NO

ARE YOU A CITIZEN OF THE U.S.? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF SO, PLEASE EXPLAIN.

DO YOU HAVE ANY FELONY CHARGES CURRENTLY PENDING? YES NO

IF SO, PLEASE EXPLAIN.

HAVE YOU EVER BEEN LISTED ON THE SEX OFFENDER REGISTRY? YES NO

DO YOU USE ANY TOBACCO PRODUCTS? YES NO IF SO, HOW OFTEN?

I UNDERSTAND AND AGREE THAT THE EMPLOYER MAY DETERMINE TO CONDUCT A CRIMINAL CONVICTION RECORD CHECK (INCLUDING BUT NOT LIMITED TO A DRIVING CONVICTION RECORD CHECK) IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY CONSENT TO SUCH RECORD CHECKS AND AUTHORIZE THE RELEASE OF SUCH RECORDS. YES NO

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

EVER APPLIED TO THE TOWNSHIP BEFORE?

WHEN?

REFERRED BY

EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) *(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.)*

U.S MILITARY OR
NAVAL SERVICE DATES

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES NO

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST OR CURRENT ONE FIRST)

DATE MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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DATE MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MAY LAKETOWN TOWNSHIP CONTACT THESE EMPLOYERS? YES NO

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

SIGNATURE OF APPLICANT

AS PART OF MY EMPLOYMENT APPLICATION FILED WITH LAKETOWN TOWNSHIP, DATED _____, 200__, I HAVE LISTED MY FORMER AND/OR CURRENT EMPLOYERS, AS WELL AS ONE OR MORE ADDITIONAL REFERENCES. I AUTHORIZE EACH FORMER OR CURRENT EMPLOYER AND EACH ADDITIONAL REFERENCE TO COMMUNICATE DIRECTLY WITH LAKETOWN TOWNSHIP RELATIVE TO MY EMPLOYMENT RECORD AND ANY OTHER RELEVANT INFORMATION WHICH WOULD OR COULD HAVE A BEARING ON MY ABILITY OR INABILITY TO ADEQUATELY PERFORM FOR LAKETOWN TOWNSHIP THE JOB FOR WHICH I HAVE APPLIED. I SPECIFICALLY WAIVE ANY RIGHT I HAVE UNDER SECTION 6 OF MICHIGAN PUBLIC ACT 397 OF 1978, AS NOW OR SUBSEQUENTLY AMENDED (THE "BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT"), TO RECEIVE WRITTEN NOTICE IF A CURRENT OR FORMER EMPLOYER DIVULGES A DISCIPLINARY REPORT, LETTER OF REPRIMAND, OR OTHER DISCIPLINARY ACTION TO LAKETOWN TOWNSHIP. YES NO

IN CASE OF
EMERGENCY
NOTIFY:

NAME

ADDRESS

PHONE NO.

READ CAREFULLY:

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION. MY QUESTIONS CONCERNING THE APPLICATION, IF ANY, HAVE BEEN ASKED AND ANSWERED TO MY SATISFACTION.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMFORM TO THE TOWNSHIP'S POLICIES AND PROCEDURES.

I UNDERSTAND THAT IF I AM NOT SELECTED FOR EMPLOYMENT WITH LAKETOWN TOWNSHIP, CERTAIN STATE OR FEDERAL LAWS MAY CREATE ONE OR MORE CAUSES OF ACTION FOR ME, IF THE REFUSAL TO HIRE ME WAS FOR ONE OR MORE ILLEGAL REASONS. I UNDERSTAND THAT IF I WISH TO PURSUE ANY OF MY RIGHTS UNDER ANY OF THESE STATE OR FEDERAL STATUTES, I MUST FILE ANY CAUSE OF ACTION WITH THE APPROPRIATE STATE OR FEDERAL COURT OR STATE OR FEDERAL AGENCY WITHIN NINE MONTHS OF THE DATE OF THIS APPLICATION FOR EMPLOYMENT.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: YES NO

POSITION

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPARTMENT DIRECTOR

HUMAN RESOURCES DIRECTOR

RB060647