

# Charter Township of Union

## APPLICATION FOR EMPLOYMENT

<b>POSITION YOU ARE APPLYING FOR:</b>		Application date:	Have you ever filed an application with us before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when?	
Name (Last, first, middle)				
Address (Street, city, state, zip)				How many years?
Telephone:		Social Security Number:		
Previous Address:				How many years?
Specify any days or times you are not available for work:		Salary expectation: \$ _____ per		Date available for work?
Have you ever been employed by Union Township?	In what position?	Date started:	Date left:	Reason for leaving:
Are you a U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	If you are not a U.S. citizen, do you have a legal right to remain permanently in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
	If employed, can you submit verification of your legal right to remain in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	If not, list your birthdate: / /	If you are under eighteen, can you provide required proof of your eligibility to work? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you fully able to perform the duties of the job for which you have applied? <input type="checkbox"/> yes <input type="checkbox"/> no If not, please explain:				
Do you have reliable transportation to and from work? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	State and license number:		

### Education:

School & dates attended	Location	Degrees
High School		
Trade/Vocational/Business School		
College/University		
Extracurricular activities and honors received:		

**AN EQUAL OPPORTUNITY EMPLOYER**

Have you been in military service:	Branch	Dates: from: _____ to: _____
Were you honorably discharged?	Reserve status:	Commitment dates?
Describe any specialized training and duties:		

Do you have any felony charges pending against you? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted or pled guilty or *nolo contendere* to a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered yes to either of the two preceding questions, explain by giving dates, the nature of the offense(s) and the circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.

**Professional Certificates, Registrations, Licenses, and Affiliations**

List all licenses and certificates, including whether state or national.

Have you ever had any professional license or certification denied, revoked, suspended, or put on probation? \_\_\_\_\_ yes \_\_\_\_\_ no (if yes, please explain, in detail, in an attached, signed statement.)

List all professional organizations of which you are currently a member.

**Special Skills:**

List any special skills or experience you have that you feel may be pertinent to the job for which you are applying. This may include the ability to type (including speed), operate computers (list software), heavy equipment, grant writing, etc.

**Employment History:** List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also, list and explain any period(s) of unemployment. Please answer all inquiries "See resume" is not acceptable.

<b>1. Employer's Name:</b>		Dates: from: _____ to: _____	
Address:		Telephone:	
Supervisor (name & title):	Your title:	Salary:	
Duties and responsibilities:			
Reason for leaving:			
<b>2. Employer's Name:</b>		Dates: from: _____ to: _____	
Address:		Telephone:	
Supervisor (name & title):	Your title:	Salary:	
Duties and responsibilities:			
Reason for leaving:			
<b>3. Employer's Name:</b>		Dates: from: _____ to: _____	
Address:		Telephone:	
Supervisor (name & title):	Your title:	Salary:	
Duties and responsibilities:			
Reason for leaving:			
<b>4. Employer's Name:</b>		Dates: from: _____ to: _____	
Address:		Telephone:	
Supervisor (name & title):	Your title:	Salary:	
Duties and responsibilities:			
Reason for leaving:			

**Miscellaneous**

Are you currently on layoff status and subject to recall? ____ yes ____ no
Have you ever been discharged by an employer, or resigned in lieu of discharge? ____ yes ____ no (If yes, please attach a signed statement giving all pertinent details, such as dates, the circumstances prompting the incident, actions which you took, and any resolution.)
How many days have you missed from work in the last twelve months?

**References:** Please list three references who are not related to you.

<b>1. Name:</b>	Address:		Telephone:
Company:	Title:	How the reference knows you?	Number of years known?
<b>2. Name:</b>	Address:		Telephone:
Company:	Title:	How the reference knows you?	Number of years known?
<b>3. Name:</b>	Address:		Telephone:
Company:	Title:	How the reference knows you?	Number of years known?

**Certification:**

I understand that I may be required to submit to a physical examination, which may include a drug test, prior to beginning employment and that I must satisfactorily pass such physical examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification, and authorize any schools that I have attended, licensing and certification boards, and current and previous employers to release any requested information to the Charter Township of Union. I also specifically waive written notice from any and all former employers regarding their disclosure to the Charter Township of Union of any prior disciplinary action, and waive any claim against the Charter Township of Union and current or former employers arising from such investigation or disclosure. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application, or, if I have been hired, an immediate dismissal at the sole discretion of the Charter Township of Union.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by the Supervisor and Clerk of the Charter Township of Union, and approved by the Charter Township of Union Board of Trustees, and by me or my authorized representative, any employment I accept shall be, for an indefinite term and may be terminated at any time, with or without cause, either by me or at the will and sole discretion of the Charter Township of Union Board of Trustees, regardless of any contrary provisions in any other forms, manuals, handbooks, or other documents. Similarly, such employment shall be at such wages, benefits, hours, and conditions as the Charter Township of Union Board of Trustees may determine and change from time to time. I agree to abide by any rules, regulations, policies, and procedures that may be established from time to time. I understand that no one, other than the Board of Trustees of the Charter Township of Union, has any authority to enter into an agreement with me contrary to the provisions of this paragraph, and that any such agreement must be in writing and signed by the Supervisor and Clerk of the Charter Township of Union, or it shall not be effective.

It is with full understanding and agreement with the provisions of this Certification that I will choose to accept or decline any employment offered to me.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature,  
(if applicant is under 18 years old.)

\_\_\_\_\_  
Date



**NOTICE TO APPLICANTS AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

**United States Department of Agriculture  
Data Collection**

***The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.***

**Applicant name:**

\_\_\_\_\_

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

\_\_\_\_\_ I do not wish to furnish this information

**Ethnicity:**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

**Race: (Mark all that apply)**

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

**Gender:**

\_\_\_\_\_ Male

\_\_\_\_\_ Female