



5245 N. M-18
P.O. Box 606
Roscommon, MI 48653
(989)275-8232

Application for Employment

(Applicant must type or print legibly in ink)

(revised 8/25/08)

PLEASE COMPLETE THIS APPLICATION & RETURN BY MAIL OR IN PERSON

EXACT TITLE OF POSITION(S) APPLIED FOR _____

DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIPCODE

TELEPHONE NUMBER () _____

If necessary, best time to call is _____

May we contact you at work? () Yes () No

If yes, work number and best time to call () _____ Time _____

Are you at least 18 years of age or older? () Yes () No

If you are under 18, can you furnish a work permit? () Yes () No

Have you filed an application here before? () Yes () No If yes, give date _____

Have you ever been employed here before? () Yes () No If yes, give dates _____

Are you legally eligible for employment in this country? () Yes () No

(Proof of U.S. citizenship or immigration status will be required upon employment: fire & ems applicants must be U.S. Citizens)

Date available for work _____

Type of employment desired () Full-Time () Temporary () Educational Co-op () Volunteer
() Part-Time () Seasonal () Intern () Other _____

Are there any days or times you would not be available to work? _____

Are you currently on a lay-off and subject to recall? () Yes () No

Veteran of the U.S. Military Service () Yes () No If yes, Branch _____

Dates of Service _____

Have you ever been convicted of any offense(s) while in the Military, National Guard or Military Reserves? () Yes () No

Have you ever been convicted of a crime? () Yes () No

Are there any felony charges pending against you? () Yes () No

If yes, to either, explain _____

South Branch Township does not discriminate against any individual or group because of race, sex, national origin, color, marital status, disability, height, or weight in employment or the provision of services.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BY APPLICANT



(revised 8/25/08)

Drivers License Number _____ State _____
Commercial Driver's License () Yes () No If yes, Group _____ Endorsement _____ Expiration _____

Employment History

I. Most Recent Employer _____ Dates Employed
From _____ To _____

Address _____ Phone Number () _____

Supervisor's Name _____ Salary or Wage \$ _____

Job Title _____ Reason for Leaving _____

Job Duties _____

II. Name of Employer _____ Dates Employed
From _____ To _____

Address _____ Phone Number () _____

Supervisor's Name _____ Salary or Wage \$ _____

Job Title _____ Reason for Leaving _____

Job Duties _____

III. Name of Employer _____ Dates Employed
From _____ To _____

Address _____ Phone Number () _____

Supervisor's Name _____ Salary or Wage \$ _____

Job Title _____ Reason for Leaving _____

Job Duties _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? () Yes () No

Employer II? () Yes () No

Employer III? () Yes () No

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position such as licenses, certifications, etc.

Education

High School _____ City _____ State _____

Years Completed _____ Did you graduate? () Yes () No

College _____ City _____ State _____

Years Completed _____ Did you graduate? () Yes () No

Type of Degree _____

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References

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

Name _____	Telephone () _____	Years Known _____
Name _____	Telephone () _____	Years Known _____
Name _____	Telephone () _____	Years Known _____

Name and phone number of person to contact in case of emergency: _____

Can you perform the essential duties of the job in which you wish to be employed? () Yes () No

If Yes, () With accommodations () Without accommodations

If with accommodations, please explain: _____

For Firefighter & EMS Positions, Please Check All That Apply.

- () I am certified through the State of Michigan as a Firefighter I/II.
- () I possess a current, valid EMS license.

PLEASE READ AND SIGN BELOW

TERMS OF EMPLOYMENT (AT WILL)

South Branch Township is an at-will employer. This means that the employment relationship can be terminated at any time, with or without cause and with or without notice.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the South Branch Township Board has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

For Office Use Only

Date of Interview _____

Date of Township Board Approval _____

Date of Hire _____

Starting Salary _____