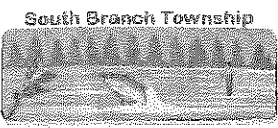


5245 N. M-18  
P.O. Box 606  
Roscommon, MI 48653  
(989)275-8232



# 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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(revised 08/25/08)

**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 \_\_\_\_\_