

ACME TOWNSHIP APPLICATION FOR EMPLOYMENT
6042 Acme Road, Williamsburg MI 49690
(231) 938-1350 (231) 938-1510 fax
www.acmetownship.org

To the Applicant: We appreciate your interest in working for Acme Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will assist us in seeking to place you in a position, which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, veteran status, age, qualified disability, marital status, height, weight, or any other characteristic protected by law.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Are you 18 years or older? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

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

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Kind of work sought: Full Time Part time Other _____

If part time, specify hours and days desired _____

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for? _____

Salary desired _____ Date available to start work _____

Do you have any activities, commitments, or responsibilities (for example, school, other employment, etc.) which might, in any way, interfere with your ability to work full time, including overtime, in the position for which you are applying?

Yes No

Federal law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Disabled employees and applicants may request an accommodation of their disability by notifying Acme Township in writing of the need for accommodation within 182 days of the date the person with a disability knows or should know that an accommodation is needed. Failure to properly notify the township will preclude any claim that the employer failed to accommodate the person with a disability.

EMPLOYMENT (List below your last four employers, starting with most recent one first)

1	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

EDUCATION

	Name/Location	Number of Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other educational training?

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Indicate any relevant experience you have received in the Armed Forces of the U.S. or in a State Militia.

ADDITIONAL INFORMATION

Are you currently bound by any agreement with a former employer that prevents you from working here? Yes No

Have you ever been convicted of a crime? Yes No

If so, where, when and nature of offense: _____

Do you have any felony charges pending against you? If so, please explain: _____

Do you have a valid driver's license? Yes No

State any additional information that you feel may be helpful to us in considering your application: _____

Any other name you have used: _____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. I authorize Acme Township to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I authorize Acme Township to obtain my credit report and criminal history for use in considering my application for employment, and, if hired, for promotions or continued employment. I also authorize Acme Township to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure, and hereby release Acme Township and them from any liability whatsoever as a result of any such inquiries and disclosures.

If I am hired by Acme Township, I will be prohibited from disclosing any confidential information of the township or other confidential/proprietary information except as necessary in the course of performing my job.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Supervisor or Manager of Acme Township pursuant to action by the full Board of Trustees. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment of Acme Township as they are from time to time changed.

I agree that any action or suit against Acme Township arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim(s) (or the statutory limitations period, if shorter), or be forever barred. I waive any limitation periods to the contrary.

(Signature)

(Date)
