FOR OFFIC	E USE ONLY
Date Hired	
Starting Date	
Starting Time	



PO Box 713 Eastport, MI 49627 EMPLOYMENT APPLICATION

FOR OFFICE U	SE ONLY
Department	Rate Date

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.) "We are an equal opportunity employer" This application will be kept current for six months. You need to complete another to be reconsidered after this date.

Please complete this interactive form by completing all fields, then saving it to your computer. You'll then be able to print and sign the document. Once completed, please submit your application to Torch Lake Township, PO Box 713, Eastport, MI. 49627.

PERSONAL								_		
Nama							800			
Name	Last		First	:		Middle	300	iai Security i	NO	
Present Address	s	Street						Telephor	ne No	
Are you legally a	No.			,		State	Zip			
Are you legally e		•	e U.S.A.	·						
Are you 18 or ol										
Type of Position	on Desired					_ Full Time Part Time Tempo				Temporary
Were you prev			•							
If your applicati	on is consider	ed favorably,	on what	date will	you be a	vailable for	work?			
Please insert til	mes on each o	lay you would	be avail	lable for v	vork.					
Mon	_ Tues	Wed		_ Thurs		Fri		_ Sat	Su	n
Salary Required	l?									
			S. ARN	MED FC	RCES	HISTOR	Y			
U.S. Armed For		Yes	N							
Branch of Servi	ce						From _		To _	
· 										
			GENE	RAL IN	IFORM	ATION				
List outside Inte (Clubs, Organizations inclu		anizations, Sports, Hol	obies) Need n	ot list any inter	ests which wo	uld indicate your r	eligious or	ethnic background.		
Have you ever	been convicte	ed of a crime?	Y	'es	No	If so, give	full pa	rticulars		
Have you ever b	een refused a	fidelity bond	?							
How much time	e have you mi	ssed from wo	rk during	the last	two year	s?				
Name of relative	ves in our emp	oloy								
Do you have a w	alid driver's lic	ense?	Yes	No	Sta	te				

RECORD OF EDUCATION

S	chool	Name and Addres	ss of School	School Course of Study				heck Yea	ar	Gradua		List Diploma or Degree
Elen	nentary						5	6	7	8 Ye		
High	1			_			1	2	3	4 Ye		
Colle	ege 						1	2	3	4 Ye		
Othe Spe							1	2	3	4 Ye		
	Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment state:)											
What	types of Bu	usiness machines do you Opera	ite?									
		List below present a	History - GIVE	E PRES	SENT (OR MOST RI	ECE	NT P				
			Information m		compl	ete - Be accu	ırate					
EM	PLOYME	ENT EXPERIENCE/WC	RK HISTOR	łΥ								
		r present or your last emp indicate. If you were emp										
	·	est a reference from your	•		Υe	·			J		<i>y</i>	711picy 2
I		nd Address of Company d Type of Business	From Mo. Yr.	To Mo.	o Yr.	Weekly Starting Salary	L	eekly ₋ast alary		Reason for Leaving		Name of upervisor
		1	Describe the	work v	vou dic	 :						
	Telepho	ne·										
		nd Address of Company				Weekly	\/\/	eekly	,	Reason for		Name of
II		d Type of Business	From Mo. Yr.	To Mo.		Starting Salary	L	ast alary		Leaving		upervisor
			Describe the	work !	you did	<u></u>						

Telephone:

III	Name and Address of Company and Type of Business	Fro	om	Т	0	Weekly Starting	Weekly Last	Reason for Leaving	Name of Supervisor	
•••		Mo.	Yr.	Mo.	Yr.	Salary	Salary	J	'	
		Docor	ibo the	e work y	ou die	ļ.				
		Desci	ibe tile	- WOIK	you uic	l .				
	Telephone:									
	Name and Address of Company					Weekly	Weekly	Reason for	Name of	
IV	and Type of Business	Fro		T		Starting	Last	Leaving	Supervisor	
		Mo.	Yr.	Mo.	Yr.	Salary	Salary			
		Descr	iha tha	work y	ou die	-				
	Describe the work you did:									
	Telephone:									
Is th	ve you ever been discharged from is a complete list of your employments we granted permission to check all that the part of the above er	ent? inform	Yenation?	es M	No Yes	No				
	PROFES	SION	IAL L	ICEN	SES A	AND CERT	TFICATIO	NS		
Тур	e/Professional Organization	State Issue			ate sued	Exp Date		Lic/Cert Numb	er	
	PERSONA	L REF	FERE	NCES	(Not I	Former Empl	oyers or Re	latives)		
	Name and Occupation					Address		Ph	one Number	
	·									
creed Brief	re an equal employment opportunity compa l, age, sex, religion, national origin, height, fly set forth why you desire employa litional Information" section on the	weight, n ment w	narital s ith Tor	tatus, or	handica	p.			_	
Nam	ne and address of the person to be	notified	d in the	e event	of acc	ident or emer	gency			

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 for employment is true and complete. I authorize you 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 also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. 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. If hired, I agree I will serve at the will of the township and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the township as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the township to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Supervisor of the township as authorized by the Township Board. I further agree that if I should bring any action or claim arising out of my employment against the township in which the township prevails, I will pay to the township any and all costs incurred by the township in defense of said claims or actions, including attorney's fees. I further agree th

Applicants Signature	Date
Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date	
FOR ADDITIONAL INFORMATION	

NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify Torch Lake Township in writing of any accommodation that you would need as the result of any physical handicap that you have in order to perform the job duties of the position for which you are applying.

A handicap includes:

- (a) A Physical or mental condition which is the result of disease, injury, congenital condition of birth, or functional disorder if it substantially limits one or more of your major life activities and which is unrelated to your ability to perform the duties of a particular job or is unrelated to your qualifications for employment or promotion;
- (b) A history of such a physical or mental condition; or
- (c) The condition of being regarded as having such a physical or mental condition.

A handicap does not include:

- (a) a physical or mental condition caused by your <u>current illegal</u> use of controlled substance; or
- (b) a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

A handicap is unrelated to an individual's ability if, with or without accommodation, the handicap does not prevent the individual from performing the duties of a particular job or position.

If you have a handicap, you are required to establish that you have made a written request for the accommodation within 182 days from this date, and that you could perform the duties of the position being applied for with that accommodation.

•	ven to you on being filed along with your emplo	
	Signature of Applicant	

Date