

FOR OFFICE USE ONLY	
Date Hired	_____
Starting Date	_____
Starting Time	_____



FOR OFFICE USE ONLY	
Department _____	Rate _____
Position _____	Date _____

PO Box 713 Eastport, MI 49627
EMPLOYMENT APPLICATION

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

Name _____ Date _____
Last First Middle Social Security No. _____

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 or older? _____

Type of Position Desired _____ Full Time Part Time Temporary

Were you previously employed by us? If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Please insert times on each day you would be available for work.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Salary Required? _____

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No

Branch of Service _____ From _____ To _____

GENERAL INFORMATION

List outside Interests _____
(Clubs, Organizations including Professional Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.

Have you ever been convicted of a crime? Yes No If so, give full particulars _____

Have you ever been refused a fidelity bond? _____

How much time have you missed from work during the last two years? _____

Name of relatives in our employ _____

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

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?		List Diploma or Degree
			5	6	7	8	Yes	No	
Elementary	_____						Yes		
	_____						No		
High	_____		1	2	3	4	Yes		
	_____						No		
College	_____		1	2	3	4	Yes		
	_____						No		
Other Specify	_____		1	2	3	4	Yes		
	_____						No		

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 Business machines do you Operate?

List below present and past employment, beginning with your most recent

Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST
Information must be complete - Be accurate

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer? Yes No

I	Name and Address of Company and Type of Business	From Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Describe the work you did:							
	Telephone:								

II	Name and Address of Company and Type of Business	From Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Describe the work you did:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

Have you ever been discharged from any position? Yes No If yes, explain _____
 Is this a complete list of your employment? Yes No
 Are we granted permission to check all information? Yes No

Indicate by number any of the above employers whom you **do not** wish us to contact: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type/Professional Organization	State Issued	Date Issued	Exp Date	Lic/Cert Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

Briefly set forth why you desire employment with Torch Lake Township. (If additional space is required, please use the "Additional Information" section on the next page.)

Name and address of the person to be notified in the event of accident or emergency

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 current illegal 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.

This notice is given to you on _____, and a copy with your signature on it is being filed along with your employment application.

Signature of Applicant

Date