FOR OFFICE USE ONLY				
Date Hired				
Starting Date				
Starting Time				



PO Box 713 Eastport, MI 49627 EMPLOYMENT APPLICATION

FOR OFFICE USE 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

						Da	te	
Name					_ Soci			
				Middle				
Present Address	Street	City		State		Telephoi	ne No	
Are you legally eligible for emp								
Are you 18 or older?	Ema	ail address:						
Type of Position Desired				_ Ful	l Time	Part T	ime	Temporary
Were you previously employe	ed by us? If yes	, when?						
If your application is considered	ed favorably, on	what date will y	ou be a	vailable for	work?			
Please insert times on each d	ay you would be	available for w	ork.					
Mon Tues	Wed	Thurs		Fri		_Sat	S	un
Salary Required?								
Emergency contact:		F	hone N	umber:				
U.S. Armed Forces Service	Yes	No						
Branch of Service		-			From		Tο	
Dianeir of Service					10111 _		10 _	
	G	ENERAL IN	FORM	ATION				
List outside Interests(Clubs, Organizations including Professional Orga	nizations, Sports, Hobbies	Need not list any interes	sts which wo	uld indicate your re	eligious or e	ethnic background.		
Lleve very ever been consider	d of a prime of	Vaa	NI-	If an aire	fII			
Have you ever been convicte	d of a crime?	res	INO	If so, give	tuli pai	rticulars		
Have you ever been refused a	fidelity bond? _							
How much time have you mis	sed from work o	luring the last to	wo year	s?				
Name of relatives in our emp	loy							
Do you have a valid driver's lic	ense? Ye	s No	Stat	· _				

RECORD OF EDUCATION

S	chool Name and Addres	ss of School	Cou	rse of Study		hecl Ye omp	ar		Did you Graduate?	List Diploma of Degree
Elen	nentary				5	6	7	8	Yes No	
High					1	2	3	4	Yes No	
Colle	ege				1	2	3	4	Yes No	
Othe Spec					1	2	3	4	Yes No	
	nere any other experiences, skills, or qualifing formation that Federal and State law precl			-	or WNI	en ye	ou ar	e app	ying (Applica	IIII SNOUID NOT IIST
What	types of Business machines do you Opera	ate?								
	List below present a	-					•			nt
	Omit Military Service	Information r	nust be comp	OR MOST RE plete - Be accu			908	SITIO	N FIRST	
	PLOYMENT EXPERIENCE/WC				vtro	cho	ot o	of no	oor If cumn	nor or part time
	, please indicate. If you were emp			•						•
May	we request a reference from your	present empl	oyer? Y	es No)					
I	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	L	eekl ast alar	•		ason for eaving	Name of Supervisor
		Describe the	 e work you di	<u> </u> d:						
_	Telephone:									
II	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	L	eekl ast alar	•		ason for eaving	Name of Supervisor
		Describe the	work you di	q.						

Telephone:

hone: e and Address of Company and Type of Business hone: ever been discharged from mplete list of your employmated permission to check a number any of the above expendence of the property of the p	From Mo. Yr. Describe the any position? nent? Ye Il information?	s No Yes m you do no t	Weekly Starting Salary It: No If yes No	ontact:		
e and Address of Company and Type of Business hone: ever been discharged from mplete list of your employmated permission to check a number any of the above expression and the store of t	From Mo. Yr. Describe the n any position? nent? Ye Il information?	To Mo. Yr. e work you did Yes s No Yes m you do no	Weekly Starting Salary It: No If yes No	Last Salary , explain	Leaving	Supervisor
e and Address of Company and Type of Business hone: ever been discharged from mplete list of your employmated permission to check a number any of the above expression and the store of t	From Mo. Yr. Describe the an any position? nent? Ye Il information?	Mo. Yr. e work you did Yes s No Yes m you do no	Starting Salary Starting Star	Last Salary , explain	Leaving	Supervisor
hone: ever been discharged from mplete list of your employmented permission to check a number any of the above e	From Mo. Yr. Describe the an any position? nent? Ye Il information?	Mo. Yr. e work you did Yes s No Yes m you do no	Starting Salary Starting Star	Last Salary , explain	Leaving	Supervisor
ever been discharged from mplete list of your employmeted permission to check a number any of the above e	n any position? nent? Ye Il information? employers who	Yes s No Yes m you do no t	No If yes No t wish us to co	ontact:		
ever been discharged from mplete list of your employmeted permission to check a number any of the above e	n any position? nent? Ye Il information? employers who	Yes s No Yes m you do no t	No If yes No t wish us to co	ontact:		
ever been discharged from mplete list of your employmeted permission to check a number any of the above e	nent? Yell information?	s No Yes m you do no t	No t wish us to co	ontact:		
mplete list of your employn nted permission to check a number any of the above e	nent? Yell information?	s No Yes m you do no t	No t wish us to co	ontact:		
PROFE	SSIONAL L	ICENSES A				
essional Organization	State Issued	Date Issued	Ехр	į	NS Lic/Cert Numbe	er
· · · · · · · · · · · · · · · · · · ·						
PERSONA	AL REFERE	NCES (Not	Former Empl	oyers or Rel	latives)	
Name and Occupation			Address		Pho	one Number
ex, religion, national origin, height forth why you desire employ	, weight, marital s yment with Tor	tatus, or handica	p.	·		
	PERSONA Name and Occupation qual employment opportunity compex, religion, national origin, height forth why you desire employ	PERSONAL REFERE Name and Occupation qual employment opportunity company. We are decex, religion, national origin, height, weight, marital s	PERSONAL REFERENCES (Not Name and Occupation Jual employment opportunity company. We are dedicated to a policy ex, religion, national origin, height, weight, marital status, or handical forth why you desire employment with Torch Lake Town	PERSONAL REFERENCES (Not Former Empl Name and Occupation Address qual employment opportunity company. We are dedicated to a policy of non-discrimiex, religion, national origin, height, weight, marital status, or handicap. forth why you desire employment with Torch Lake Township. (If add	PERSONAL REFERENCES (Not Former Employers or Rel Name and Occupation Address Jual employment opportunity company. We are dedicated to a policy of non-discrimination in employex, religion, national origin, height, weight, marital status, or handicap. forth why you desire employment with Torch Lake Township. (If additional space)	PERSONAL REFERENCES (Not Former Employers or Relatives) Name and Occupation Address Photography and Photogr

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 ons being filed along with your emplo	, and a copy with your byment application.
Signature of Applicant	

Date