**Application For Employment**

17010 Lincoln Rd

New Lothrop, MI 48460

Office: 989-845-6155 Fax: 989-845-3554

Maple Grove Township is an Equal Opportunity Employer.

|  |
| --- |
| **Personal Information** |
| **Last Name First Name Middle Name**  | **Today’s Date** |
| **Street Address City State Zip Code** |
| Home Phone: ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Work Phone: ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Other: ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_   | Are you a United States Citizen or legally eligible to work in the U.S? \_\_\_\_\_Yes \_\_\_\_\_No *(if hired, you will be required to provide documentation that you are eligible to work within the U.S.*) |
| Are you 18 or over? \_\_\_\_\_Yes \_\_\_\_\_No |
| Title of Position Applying For | Date Available to Work |
| Have you been previously interviewed or employed by Maple Grove Township? \_\_\_\_\_Yes \_\_\_\_\_NoIf Yes, list date(s) and job title(s): |
| Do you have any relatives currently working for Maple Grove Township? \_\_\_\_\_Yes \_\_\_\_\_NoIf Yes, list names and relationship to you: |
| Are you employed now? If so, may we contact your present employer? |

|  |
| --- |
| **Education** |
| **Name and Location** | **# Years Completed** | **Major Area of Study** | **Degree/Diploma** |
| High School |  |  |  |  |
| College |  |  |  |  |
| Technical or Certificate Programs |  |  |  |  |

|  |
| --- |
| **Employment History** Please provide the following information for your previous three employers, beginning with the most recent. |
| Employer: | Dates Employed:From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ | Job Title: |
| Address: |
| Telephone: | Job Duties: |
| Reason for Leaving:  |
| Employer: | Dates Employed:From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ | Job Title: |
| Address: |
| Telephone: | Job Duties: |
| Reason for Leaving:  |
| Employer: | Dates Employed:From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ | Job Title: |
| Address: |
| Telephone: | Job Duties: |
| Reason for Leaving:  |

|  |
| --- |
| **Office Skills (copying, filing, spreadsheets, software, hardware):** |

|  |
| --- |
| **References**  Please list names of supervisors, managers, or others who can comment directly on  your abilities. |
| Name | Address | Phone# | Relationship/Occupation | Years Known |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Have you ever been convicted of a crime? This would include both felony and misdemeanor convictions. \_\_\_\_\_\_(Having convictions will not necessarily preclude you from obtaining employment.)If yes, please explain when and the nature of the offense. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any pending criminal charges against you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Maple Grove Township, which is a general law township, is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date