



# Employment Application

## GROSSE ILE TOWNSHIP

9601 Groh Road  
Grosse Ile MI 48138  
Monday-Friday, 8am-5pm  
(734) 676-4422 x234 phone  
(734) 692-9682 fax  
www.grosseile.com

Full Name (Last, First, Middle) \_\_\_\_\_

Street Address (Number, Street, Apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Are you 18 Years or Older?  Yes  No

Position Desired/Area of Interest 1. \_\_\_\_\_ 2. \_\_\_\_\_

Schedule Desired  Full Time  Permanent  Part-Time

Are you eligible for employment in the United States?  Yes  No Alien Number (If applicable) \_\_\_\_\_

What starting salary range to you consider appropriate? \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per  Hour  Day  Week

Have you previously applied for employment with the Township?  Yes  No

If so, date(s) and position(s) \_\_\_\_\_

Have you ever been employed by the Township?  Yes  No

If so, date(s) and position(s) \_\_\_\_\_

Is any additional information relative to a different name necessary to check work record?  Yes  No

If yes, please explain

\_\_\_\_\_

Who referred you to the Township?  Agency \_\_\_\_\_  Advertising \_\_\_\_\_

Employee \_\_\_\_\_  Other \_\_\_\_\_

### CONVICTION RECORD

Have you ever been convicted of a crime?  Yes  No

If yes, explain when, where and the nature of all criminal convictions. (Applicants are encouraged to attach supplemental information if necessary)

\_\_\_\_\_

Are there any felony charges pending against you now?  Yes  No

If yes, describe (Applicants are encouraged to attach supplemental information if necessary)

\_\_\_\_\_

Township policy does not necessarily include conviction of a crime as an absolute bar to participation. Such facts as the seriousness and nature of the offense or violation, how many years ago the offense occurred, and rehabilitation will be considered by the Township in relation to the specific post which is sought.

**EDUCATIONAL BACKGROUND**

**High School** School Name & Location \_\_\_\_\_  
Did you graduate?  Yes  No Number of Years Completed \_\_\_\_\_

**College** School Name & Location \_\_\_\_\_  
Course(s) of Study \_\_\_\_\_  
Did you graduate?  Yes  No Number of Years Completed \_\_\_\_\_ Degree Obtained?  Yes  No

**Trade School** School Name & Location \_\_\_\_\_  
Course(s) of Study \_\_\_\_\_  
Did you graduate?  Yes  No Number of Years Completed \_\_\_\_\_ Degree Obtained?  Yes  No

**Other** School Name & Location \_\_\_\_\_  
Course(s) of Study \_\_\_\_\_  
Did you graduate?  Yes  No Number of Years Completed \_\_\_\_\_ Degree Obtained?  Yes  No

Please indicate any professional, trade, office, technical or other skills and abilities possessed by you (i.e. typing, shorthand, office machines, dictaphone, programming, laboratory, CRT/personal computer.)

Skill	Length/Kind of Training	Years of Experience

**HEALTH INFORMATION**

I have been provided with a copy of the job description of the position for which I am applying.  Yes  No

If the answer to the above question if yes, are you able to perform these tasks with or without accommodation?

Yes  No  Yes, with accomodation \_\_\_\_\_

If you answered the above question "Yes, with accomodation", how would you perform the task and with what accomodation(s)?

\_\_\_\_\_

**NOTICE OF HANDICAPPER RIGHTS**

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Township but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the Michigan Handicappers Civil Rights Act requires that you notify the Township in writing of your need for accommodation within 182 days after you become aware or should reasonably have known that the accommodation was needed.

**NOTICE OF MEDICAL EXAMINATION**

Any offer of employment is contingent upon your ability to pass *medical and psychological examination* and *drug screen* prior to the commencement of employment.

**MILITARY SERVICE**

If you have served, indicate period from \_\_\_\_\_ to \_\_\_\_\_

Branch \_\_\_\_\_ Reserve Status \_\_\_\_\_

**LIST OF PREVIOUS EMPLOYERS (MOST RECENT FIRST)**

Note: Please give accurate, complete information on all full or part-time positions held.

Dates (Month & Year) from \_\_\_\_\_ to \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_ Final Salary \_\_\_\_\_

Responsibilities/Duties

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Reason for Leaving

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Dates (Month & Year) from \_\_\_\_\_ to \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_ Final Salary \_\_\_\_\_

Responsibilities/Duties

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Reason for Leaving

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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Responsibilities/Duties

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Reason for Leaving

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Dates (Month & Year) from \_\_\_\_\_ to \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_ Final Salary \_\_\_\_\_

Responsibilities/Duties

Reason for Leaving

**APPLICANT'S STATEMENT**

I certify that the information contained in this application is correct to the best of my knowledge. I acknowledge that any misrepresentation or omission regarding any requested information may result in rejection of this of this application or my dismissal from employment at any time.

I authorize the references and previous employers listed above to provide any and all information concerning any previous employment and pertinent information, including disciplinary information, they may have, personal or otherwise. I also authorize the Grosse Ile Township Board to provide any and all information, including disciplinary information, concerning my employment with the Township, personal or otherwise, to any subsequent prospective employer. I release all parties from all liability for any damage that may result. I specifically waive any right to be notified under Section 6 (3) (a) of the Michigan Bullard-Plawski Act of the release of personnel file information by previous employers and the release of personnel file information to prospective employers by the Township of Grosse Ile.

I understand that neither this document, any discussion nor any offer of employment constitutes a contract for future employment. In further consideration of my employment, I agree to conform to the rules and regulations established by Grosse Ile Township Board. Further, I understand and agree that my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no person or persons other than the Grosse Ile Township Board has the authority to enter into any agreement to employ, any agreement of employment for any specific period of time, or to make any agreement contrary to the foregoing, unless contained in a written employment agreement signed by myself and the Grosse Ile Township Board.

I understand that my application will remain active for a period of six months, after which time it will no longer be considered. I understand that the Township of Grosse Ile guarantees privacy and confidentiality of all information contained within this application and resume.

Signature

Date