Charter Township of Kalamazoo Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Personnel Director as soon as possible.

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

The Charter Township of Kalamazoo (Township) is an Equal Opportunity Employer. It is the Township's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, citizenship, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

P	ERSONAL INFORMATION	ON	Date of Application	
N	ame (first, middle, last)			
Pi	resent Address (street, c	ity, state, zip code)		
Н	Home Telephone or Number at Which You Can be Reached		Business Telephone	
P	osition Desired	Salary/Hourly Rate Desired	Date Available	
1. A	re you at least 18 years	old?	☐ Yes ☐ No	
2.	Work Permit No.	(if under 18)		
3. 1	Have you ever been con	victed of a crime (including misdemeanors)?	□ Yes □ No	
Are th	ere any felony charges p	oending against you?	□ Yes □ No	
		stion will not automatically disqualify you).		
4. H	lave you previously beer	n employed by the Township?	□ Yes □ No	
If yes	, when:			
Unde	r what name:			
5. H	lave you submitted an ap	oplication to the Township before?	□ Yes □ No	
If yes	, when:			
Unde	r what name:			
6. L	ist any/all relatives curre	ntly employed at the Township.		
		if the position requires a driver's license:		
		been revoked, suspended, restricted?		
•		☐ Yes ☐ No		
ir yes,	, for what reason and for	how long?		
List a	ny moving violations duri	ing the last three (3) years:		

April 22, 2013

EDUCATIONAL HISTORY Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Name of High School:___ GED:_ State: Schools (include trade schools) attended other than high school Location Course or Dates (City and State) Major Studied Attended Degree Do you possess any training skills or certifications not asked for on this application: ☐ Yes ☐ No If yes, explain: _ **EMPLOYMENT HISTORY** List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary) Company Name Company Address Phone Number Position Held/Job Title Dates of Employment Name and Title of Immediate Supervisor Reason for Leaving Hourly Wage/Salary **Brief Description of Duties** Company Name Company Address Phone Number Position Held/Job Title Dates of Employment Name and Title of Immediate Supervisor Reason for Leaving Hourly Wage/Salary **Brief Description of Duties** Company Name Company Address Phone Number Position Held/Job Title Dates of Employment Name and Title of Immediate Supervisor Reason for Leaving Hourly Wage/Salary Brief Description of Duties In case of emergency, contact: Address Telephone

CHARTER TOWNSHIP OF KALAMAZOO EMPLOYMENT APPLICATION AGREEMENT

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Charter Township of Kalamazoo, (Township) if employed.

I understand that consideration for employment at the Township, is conditional upon a review of my qualifications, work history, references, etc. I authorize the Township, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with the Township, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Township, in connection with my application for employment with the Township. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Township.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Township, with or without cause, and with or without any previous notice. I also understand and agree that the Township has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Township employee nor representative, other than the Township Board, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the Township Supervisor. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Township are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Township, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated:		
Signature:		
(Applicant's name – printed):		