



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

Employment Application

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.

Is the position you are applying for DOT Licensure? _____ If yes, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, for safety-sensitive transportation work

covered by DOT agency drug and alcohol testing rules during the past two years? _____

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

Reason for Leaving

Dates (Month & Year) from _____ to _____ Title/Position _____

Employer _____ Supervisor _____ Phone _____

Address _____ Type of Business _____ Final Salary _____

Responsibilities/Duties

Reason for Leaving

Dates (Month & Year) from _____ to _____ Title/Position _____

Employer _____ Supervisor _____ Phone _____

Address _____ Type of Business _____ Final Salary _____

Responsibilities/Duties

Reason for Leaving

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 _____