

APPLICATION FOR EMPLOYMENT

Highland Township is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, sexual orientation, gender identity or expression, religion, national origin, age, height, weight, familial status, marital status, veteran status, handicap, genetic information, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO MAY RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position(s) Applied for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Cell: _____ E-mail address: _____

Answer only if you are applying for a position for which driving is a job requirement: do you presently have a valid Michigan driver's license? Yes No Type of license: Operator's license
 Commercial Driver's License (CDL)

Driver's License No. _____

(A license check will be conducted for applicants for positions requiring a current driver's license.)

Are you a relative by birth or marriage to any Highland Township elected official or full-time management employee? Yes No

If Yes: _____
Name Relationship

Are you under 18 year of age? (If yes, attach work permit) Yes No

Are you currently working? Yes No

If an offer of employment is made, will you submit to a drug screening test? Yes No

Have you ever been employed by Highland Township? Yes No

If Yes: _____
Position Department Dates

Are you legally eligible to work in this country? Yes No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Have you ever been fired? Yes No

If Yes, give date, where you worked and explanation: _____

Are you capable of performing the essential functions of the job being applied for (as provided in the job description) with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes No

EDUCATION

	High School	Vocational / Technical	College	Graduate
School Name: (City, State)				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, hours completed:				
Degree/Certificate:				
Area of Study:				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, genetic information, or any other protected class:

REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone
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MILITARY SERVICE RECORD

All factors are considered when making employment decisions.

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for? Yes No

If Yes, what branch? _____ Rank at discharge: _____

Date of discharge: _____

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer: _____ Period worked: _____

Work Performed: _____

Address: _____ Telephone: _____

Job Title: _____ Hourly Rate/Salary: Start _____ Final _____

Supervisor: _____ Reason(s) for Leaving: _____

Employer: _____ Period worked: _____

Work Performed: _____

Address: _____ Telephone: _____

Job Title: _____ Hourly Rate/Salary: Start _____ Final _____

Supervisor: _____ Reason(s) for Leaving: _____

Employer: _____ Period worked: _____

Work Performed: _____

Address: _____ Telephone: _____

Job Title: _____ Hourly Rate/Salary: Start _____ Final _____

Supervisor: _____ Reason(s) for Leaving: _____

WAIVERS AND ACKNOWLEDGMENTS

Please read carefully before signing.

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Municipality management that have been reduced to writing and have been executed by both the employee and an authorized representative of the Municipality. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Municipality hire me.
3. If hired, I understand that my employment is at-will, and can be terminated at any time, with or without notice, for any reason at the option of either the Municipality or me (unless subject to contract, including union contracts, stating otherwise). Should the Municipality hire me, I agree to observe all the Municipality's policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.
4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought, which may include verification of military discharge status).
5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Human Resources Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the public entity may preclude a claim that the public entity failed to accommodate the disability.
6. I agree that any lawsuit against the Municipality arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred, except for lawsuits requiring a Right to Sue Letter, which must be filed within 90 days of receipt of said letter. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

SIGNATURE: _____

Date: _____

Authorization For Background Check

The job for which you are being considered may require that we obtain a credit, consumer, and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record, and/or a criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. It is the Company's policy to consider any and all information available that is relevant to a candidate's suitability and qualifications for the position for which the candidate is being considered.

Further information on the nature and scope of such reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

Name : _____
Please print: Last, First, Middle

Other Names Used: _____
Alias, Maiden, etc.

Driver's License#: _____

*If a credit check is required for this position, you will be asked for your Social Security Number.

I authorize Highland Township to investigate my personal history, character, educational and training records, employment records, credit history, driving record, and criminal history, as they may be relevant to determine my suitability for employment as a _ with the Company. I waive any right to notice that any such information has been provided. A photocopy of this signed authorization will carry the same effect as the original. I also authorize Highland Township to conduct subsequent investigations and to obtain updated driving records and criminal records during my employment with Highland Township.

Signature

Date