



APPLICATION FOR EMPLOYMENT

CHARTER TOWNSHIP OF CHOCOLAY
5010 US 41 SOUTH MARQUETTE, MI 49855
(906) 249-1448

You must answer all questions completely and truthfully. Failure to do so will result in rejection of your application, or if not discovered until a later date, may result in discipline or discharge from employment.

All applicants are asked to submit a cover letter and resume with the application.

EXCEPT FOR SIGNATURES, PLEASE PRINT ALL REQUESTED INFORMATION.

POSITION

Application date _____

Position applying for _____

PERSONAL INFORMATION

Name _____
Last name First name Initial Suffix

Address _____

City _____ State _____ Zip _____

E-mail address _____

Contact number _____ Alternate contact number _____

GENERAL INFORMATION

Have you served in the United States Military Service? Yes No

If yes, what branch? _____ Date of discharge _____

Type of discharge _____

Note A dishonorable discharge from the military will not necessarily be a bar to employment.

Are you now a member of the National Guard? Yes No

When are you available to start? _____

Have you ever been employed by Chocolay Township? Yes No

If Yes _____
Position Department Dates

Are you a relative by birth or marriage to any Chocolay Township official or employee? Yes No

If Yes _____
Name Relationship

Are you currently a high school student? Yes No If Yes, attach a copy of your work permit.

Are you currently working? Yes No Are you on a layoff and subject to recall? Yes No

Have you ever been fired? Yes No

If yes, give date(s), where you worked and explanation(s):

As a condition of employment, have you ever had a bond denied or revoked? Yes No

If yes, give date and explanation:

Have you ever been convicted of a crime? Yes No

If yes, give date and explanation:

Note A conviction record will not necessarily be a bar to employment. Factors such as age of conviction, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

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

If no, please describe the required accommodations:

Does visa or immigration status prevent you from lawfully being employed in this country? Yes No

Note All employers are required by the Immigration Control Reform Act to certify the employee's authorization to work in the United States and to certify the identity of the employee. Proof of citizenship or immigration status will be required upon acceptance of employment.

Please provide any other information which may be of value in considering your application.

EDUCATION

High School

Name and location of high school _____

Did you graduate? Yes No Attending

If you have not received a high school diploma, have you passed a high school equivalency or GED test?

Yes No Location of test _____

Post High School Education and Training

College, University, or School (name and address)	Presently Attending	Major	Degree Conferred	GPA
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe any education / training you have had which is not covered above, such as correspondence courses, service schools, and in-service training. Please give dates with the description.

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

List professional, trade, business group memberships and offices held and volunteer work.

EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent job held. Attach additional pages if necessary.

Employer name	Name of last supervisor	Employment dates		Pay or salary
Address		From	Start	
City, state, zip		To	Final	
Contact number		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last job title				
Reason for leaving (be specific)				
Description of duties and responsibilities				

Employer name	Name of last supervisor	Employment dates		Pay or salary
Address		From	Start	
City, state, zip		To	Final	
Contact number		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last job title				
Reason for leaving (be specific)				
Description of duties and responsibilities				

EMPLOYMENT HISTORY (continued)

Employer name _____ Address _____ City, state, zip _____ Contact number _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Last job title _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving (be specific)			
Description of duties and responsibilities			

License and Driving Record

Do you have a current driver's license? Yes No

If Yes _____ _____ _____
 State Driver's license number Expiration date

List previously held driver's licenses.

	State	From Year	To Year
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Do you hold any driving endorsements? Yes No

If yes, describe: _____

List all motor vehicle accidents in which you were involved during the past three years. Specify date, nature of accident, and any fatalities or personal injuries caused.

List all violations of motor vehicle laws or ordinances, other than for parking only, of which you were convicted during the past three years.

Describe the facts of any denial, revocation, or suspension of license, permit or privilege to operate a motor vehicle that has been issued to you during the past three years.

PROFESSIONAL REFERENCES

Do not include relatives or former employers.

Reference # 1	Reference # 2	Reference # 3
Name	Name	Name
Position	Position	Position
Address	Address	Address
Contact number	Contact number	Contact number
Years known	Years known	Years known

AUTHORIZATIONS

I certify that all statements made on or in connection with my application are true, complete, and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I understand that I may be required to successfully pass a drug test to gain employment or to continue employment with the Charter Township of Chocoley. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the Township. I also consent to the release of the test(s) results to the Township. I hereby release and hold harmless the Charter Township of Chocoley, its officers, and agents, employees, and the laboratory, their employees, agents, and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the results of the test(s). In addition, I understand that the Charter Township of Chocoley maintains a drug-free and a smoke-free workplace.

In consideration of my employment, I agree to the rules and regulations of the Charter Township of Chocoley, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of the Township or myself. I understand that no officer or representative of the Township has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Township Manager, and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the Township's at-will policy or about the Township's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

By my signature on this application, I authorize the Township to conduct a complete background investigation, and I understand that any employment offer is conditional upon the result of a drug screening test, a pre-employment medical examination, and that background investigation (as applicable, in the Township's sole discretion).

By my signature on this application, I authorize the Township to conduct a driving violation history report, and for financial positions, a basic credit check may also be conducted.

Applicant Signature _____ **Date** ___/___/___

The Charter Township of Chocoley is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or other protected category.

SUPPLEMENTAL APPLICATION FOR PERMANENT AND TEMPORARY EMPLOYEES WHO MAY OPERATE TOWNSHIP VEHICLES

This section is for police officer candidates and persons who may operate or drive Township vehicles during their employment with the Township.

License and Driving Record

List state, number and expiration date of each driver's license or chauffeur's license that you currently hold.

	State	Driver's License Number	Expiration Date
1)	_____	_____	___/___/___
2)	_____	_____	___/___/___
3)	_____	_____	___/___/___

Do you hold any driving endorsements? Yes No

If yes, describe: _____

List all motor vehicle accidents in which you were involved during the past three years. Specify date, nature of accident, and any fatalities or personal injuries caused.

List all violations of motor vehicle laws or ordinances, other than for parking only, of which you were convicted during the past three years.

Describe the facts of any denial, revocation, or suspension of license, permit or privilege to operate a motor vehicle that has been issued to you during the past three years.

Applicant Signature _____ **Date** ___/___/___