



List any relatives who are Board Members, Appointees or Employees of the Township and your relationship to them: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, when, where and nature of offense: \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the United States Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Rank/Type at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Are you in the reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, date obligation ends: \_\_\_\_\_

**EDUCATION AND TRAINING**

	<b>Elementary</b>	<b>High School or Equivalent</b>	<b>College or University</b>	<b>Other</b>
<b>Name of School</b>	NA			
<b>Check Highest Years Completed:</b>	4 5 6 7 8	8 9 10 11 12	1 2 3 4	1 2 3 4
<b>Degree Received:</b>	NA	NA		
<b>Describe Course of Study:</b>	NA			







**PERSONAL REFERENCES:** Please list below the names of three people, that are not related to you, who have knowledge of your experience and qualifications for the position.

Name	Address	Telephone Number	Years Acquainted
1.			
2.			
3.			

I certify that the information furnished on this application and supplements thereof is complete and accurate to the best of my knowledge. I understand that my furnishing of any false information on this or any Township record is reason for disqualification as a candidate for employment or cause for termination if I am employed.

I further understand that if I am offered employment, references will be obtained from previous employers; a physical including drug screen (at Township expense) may be required, proof of educational attainment must be submitted and, if any driving will be done for the Township purposes in a Township vehicle or my own vehicle, a check of my driving record will be obtained. For specific positions, extensive background checks may be required.

In the event I am employed by the Charter Township of White Lake, I agree to comply with all of its orders, rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT**  
**(Please read carefully and sign below.)**

I authorize White Lake Township and its agents to consult with and receive information from other companies, individuals, schools or agencies (public or private) concerning my employment, education, background, criminal or motor vehicle record, competence, experience, character or qualifications, and I authorize them to release such information to White Lake Township as the Township requests, including without limitation, my prior disciplinary record, without any obligation to give me written notice of such inquiry and/or disclosure. I also authorize White Lake Township to release any information concerning my employment to any prospective or subsequent employers without any obligation to give me written notice of such disclosure. I authorize the Social Security Administration to verify that the Social Security number I have furnished is my assigned number and is valid for employment purposes. *I hold harmless and release White Lake Township and any individual, institution, company or agency from any liability as a result of the above inquiries and disclosures.*

I understand that this Application is not an offer or a contract of employment. If I am hired by White Lake Township, I will be bound by the rules, policies, regulations, terms and conditions of employment of White Lake Township as they may be communicated to me from time to time by the Township and which may be changed or modified at the will of the Township, in its sole discretion, with or without cause, or notice to me. *I further understand and agree that White Lake Township is an at-will employer which means that my employment relationship with White Lake Township is for no definite period and may be terminated at any time, with or without cause, with or without notice, at the will of either White Lake Township or me.* I understand that the direction and control of all work is the sole prerogative of White Lake Township and includes, by way of illustration only, the right to hire, layoff, transfer, reassign, demote or discharge. Only the White Lake Township Board of Trustees has the authority to enter into any agreement for employment for any specific period of time.

I understand that according to federal law, I must produce documentation to verify my identity and authorization to work in the U.S. I agree that any employment with White Lake Township is contingent on my ability to obtain and maintain the required documentation within the time period required by applicable law.

I certify that all of the information in this Application (and other information given by me in support of my application) is true and complete. I understand that any misrepresentation, misleading statement or omission of any fact by me in this Application, in support of my application for employment, or during my employment, is sufficient reason for my (1) not being offered employment or (2) being disciplined, up to and including discharge, at any time during my employment in the sole discretion of White Lake Township.

I understand and agree that as a condition of employment, I may be required to undergo a post-offer medical examination, which includes a drug test. During any employment with the Township, I understand that I may be required to submit to an alcohol or drug screening at the request of the Township and I authorize the release of any such tests results to appropriate personnel of the Company. I further agree that during any employment with the Township if I need an accommodation as the result of a disability, I will promptly notify the appropriate White Lake Township representative of my need for accommodation in writing within 182 days after I learn of the need.

I acknowledge that this application will remain active for six (6) months from this date. If I have not heard from the Township at the conclusion of this six (6) month period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Township.

**I agree that any claim or lawsuit relating to my application for employment, or service with White Lake Township must be filed no more than six (6) months after the date of the employment action(s) or event(s) that is the subject of my claim or lawsuit. I voluntarily and knowingly waive any statute of limitations to the contrary.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Charter Township of White Lake bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Charter Township of White Lake. Consent is granted for the Charter Township of White Lake to furnish such information as is described above, to third parties in the course of the Charter Township of White Lake fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associate because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicate below.

FULL NAME (PRINT OR TYPE) \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CURRENT ADDRESS: NUMBERS      STREET NAME      CITY      STATE      ZIP

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Authority: Act 78 of P.A. of 1935  
Act 155 of P.A. Of 1986

Completion; voluntary Rev. 8/97