

EMPLOYMENT APPLICATION

CIVIL SERVICE COMMISSION

CHARTER TOWNSHIP OF WHITE LAKE
7525 HIGHLAND ROAD
WHITE LAKE, MICHIGAN 48383

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers' civil rights. Under the Michigan Handicapper's Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notified the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

All portions of the application must be completed with the information requested. Failure to complete application, provide all requested information, or to provide proof of prerequisites will be grounds for disqualification.

PRINT IN BLACK INK OR TYPE

DATE: _____

NAME: _____
Last First Middle

CURRENT ADDRESS:

No. Street City State Zip

EMAIL ADDRESS: _____ EMAIL ADDRESS #2 _____

TELEPHONE: _____
Area code & home number Area code & work number

DATES OF ABOVE RESIDENCE: _____
From To

DRIVER'S LICENSE NO.: _____

PREVIOUS ADDRESS: _____
No. Street City State Zip

U.S. CITIZEN? YES___ NO___

HIGH SCHOOL GRADUATE? YES___ NO___

WILL YOU SUBMIT TO A DRUG SCREENING TEST? YES___ NO___

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES ___ NO ___

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES ___ NO ___

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES ___ NO ___

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED A TRAFFIC CITATION? YES ___ NO ___

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES ___ NO ___

DATE ENTERED: _____ DATE OF DISCHARGE: _____

BRANCH OF SERVICE: _____ RANK UPON DISCHARGE: _____

JOB CLASSIFICATION IN SERVICE & TRAINING:

EDUCATIONAL BACKGROUND - COMPLETE

SCHOOL	NAME & ADDRESS	DATES	MAJOR	GRADE AVR. DEGREE
GRADE SCHOOL				
MIDDLE SCHOOL				
HIGH SCHOOL				

POLICE / FIRE ACADEMY				
COLLEGE				
TECHNICAL / BUSINESS SCHOOL				
MILITARY				

EMPLOYMENT HISTORY

LIST BELOW YOUR EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. IF ADDITIONAL SPACE IS REQUIRED. LIST ON A SEPARATE SHEET AND ATTACH TO APPLICATION. PLEASE COMPLETE IN DETAIL.

1. EMPLOYER. _____

ADDRESS: _____

No. Street City State Zip
TELEPHONE NUMBER: _____ YOUR JOB TITLE _____

DATE STARTED: _____ DATE TERMINATED _____

WAGES:\$ _____ PER: _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING: _____

2. EMPLOYER. _____

ADDRESS: _____

No. Street City State Zip
TELEPHONE NUMBER: _____ YOUR JOB TITLE _____

DATE STARTED: _____ DATE TERMINATED _____

WAGES:\$ _____ PER: _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____

No. Street City State Zip

TELEPHONE NUMBER: _____ YOUR JOB TITLE _____

DATE STARTED: _____ DATE TERMINATED _____

WAGES:\$ _____ PER: _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING: _____

CHARACTER REFERENCES
 (EXCLUDING RELATIVES AND FORMER EMPLOYERS)

1. _____

Name	Street Address
Relationship	City, State, Zip Code
Occupation	Telephone Number

2. . _____

Name	Address
Relationship	City, State, Zip Code
Occupation	Telephone Number

3. _____

Name	Address
Relationship	City, State, Zip Code
Occupation	Phone Number

THE INFORMATION FURNISHED ON THIS APPLICATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WHITE LAKE TOWNSHIP TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THIS ORGANIZATION AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. 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 AGREE TO HOLD THE CHIEF OF POLICE, FIRE CHIEF, THE TOWNSHIP BOARD, TOWNSHIP OFFICIALS AND THE CIVIL SERVICE COMMISSION AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

SIGNATURE OF APPLICANT

DATE

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE WHITE LAKE TOWNSHIP CIVIL SERVICE COMMISSION IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

SIGNATURE OF APPLICANT

DATE

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, employment 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

M.C.O.L.E.S. NUMBER (POLICE ONLY)

SOCIAL SECURITY NUMBER

CURRENT ADDRESS: NUMBERS STREET NAME CITY STATE ZIP

SIGNATURE OF APPLICANT

DATE

NOTARY PUBLIC

DATE

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

Completion; voluntary Rev. 1/14

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature

Date

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

Signature

Date

3. 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 (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.

Signature

Date

4. I authorize the Township of White Lake to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature

Date

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature

Date

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodation for employment, I must notify the Township of White Lake in writing within 182 day after the need is known or reasonably should have been known to me. Failure to properly notify the Township will preclude any claim that the employer failed to accommodate the handicapper.

Signature

Date