



# Application For Employment

## CHARTER TOWNSHIP OF WATERFORD

Fiscal & Human Resources - 5200 Civic Center Drive, Waterford, Michigan 48329

[www.twp.waterford.mi.us/fiscalandhuman/](http://www.twp.waterford.mi.us/fiscalandhuman/)

Applicants are considered for all positions 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 handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation with 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

PLEASE PRINT OR TYPE

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_

Have you filed an application with the Charter Township of Waterford previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you under 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you currently working? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you on lay-off? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, are you subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you submit to a drug screening test? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you ever employed by the Charter Township of Waterford previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: \_\_\_\_\_  
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been fired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date, where you worked and explanation: \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, completely describe including location and date: \_\_\_\_\_

Note: A conviction record will not necessarily be a bar to employment. Factors such as age, 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 or occupation for which you have applied? \_\_\_ Yes \_\_\_ No

AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION & TRAINING

	High School or Equivalent	Vocational/ Technical	College	Graduate
Name of School, Address/City/State				
Did you graduate?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Credits earned?				
Degree or certificate Received:	NA			
Describe Course 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.

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List professional, trade, business group memberships and offices held, and volunteer work (excluding groups the name and character of which indicate race, color, gender, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class):

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## Driving Information & History:

Driver's License No. \_\_\_\_\_ Chauffeur License No. \_\_\_\_\_

Commercial Driver' License (CDL) No. \_\_\_\_\_

Types of CDL Endorsements: \_\_\_\_\_

List Traffic Citations for Last Five Years: \_\_\_\_\_

**Training & Experience:**

Typing Speed \_\_\_\_\_ W.P.M.

Computer Skills (include software packages) \_\_\_\_\_

Equipment or Machines: \_\_\_\_\_

Hand Tools: \_\_\_\_\_

Other: \_\_\_\_\_

**References** (Do not include relatives or former employers)

Name

Address

Telephone

**Military Service Record**

Have you had any experience in the Armed Forces of the United States of America or in a state national guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**Employment Experience**

List each job held, beginning with your present or last job first.

<b><u>(1) Employer:</u></b>	<b><u>Dates Employed:</u></b> From: _____ To: _____	<b><u>Job Duties</u></b>
<b><u>Address:</u></b>	<b><u>Hourly Rate/Salary</u></b> Starting: _____ Final: _____	
<b><u>Telephone:</u></b>		
<b><u>Supervisor:</u></b>		
<b><u>Reason for Leaving:</u></b>		

<b><u>(2)Employer:</u></b>	<b><u>Dates Employed:</u></b> From: _____ To: _____	<b><u>Job Duties</u></b>
<b><u>Address:</u></b>	<b><u>Hourly Rate/Salary</u></b> Starting: _____ Final: _____	
<b><u>Telephone:</u></b>		
<b><u>Supervisor:</u></b>		
<b><u>Reason for Leaving:</u></b>		

<b><u>(3)Employer:</u></b>	<b><u>Dates Employed:</u></b> From: _____ To: _____	<b><u>Job Duties</u></b>
<b><u>Address:</u></b>	<b><u>Hourly Rate/Salary</u></b> Starting: _____ Final: _____	
<b><u>Telephone:</u></b>		
<b><u>Supervisor:</u></b>		
<b><u>Reason for Leaving:</u></b>		

<b><u>(4)Employer:</u></b>	<b><u>Dates Employed:</u></b> From: _____ To: _____	<b><u>Job Duties</u></b>
<b><u>Address:</u></b>	<b><u>Hourly Rate/Salary</u></b> Starting: _____ Final: _____	
<b><u>Telephone:</u></b>		
<b><u>Supervisor:</u></b>		
<b><u>Reason for Leaving:</u></b>		

## Agreement & 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 in 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 reports, letters of reprimand, or other notices of disciplinary action contained in my personnel 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 damage that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I authorize the Charter Township of Waterford 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 any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

6. I have read the job description(s) for the position(s) for which I am applying. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Office of Fiscal & Human Resources in writing within 182 days 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 \_\_\_\_\_

7. I understand that, as a condition of my consideration for employment with the Charter Township of Waterford (“Township”) and as a condition of my continued employment with the Township, the Township may obtain a consumer report that indicates, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, driving records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Township’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Township will provide me with a copy of any such report if the information in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Township. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. Applicants for Non-Union Positions Read and Sign Paragraph 8(A). Do Not Sign Paragraph 8(B). Applicants for Union Positions Read and Sign Paragraph 8(B). Do Not Sign Paragraph 8(A).

8(A) In consideration of my employment, I agree to conform to the rules and regulations of the Charter Township of Waterford, 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 either 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 an official from the Office of Fiscal & Human Resources 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 this employment at-will statement 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8(B) In consideration of my employment, I agree to conform to the rules and regulations of the Charter Township of Waterford. I further acknowledge I will be on probationary status from my date of hire. As a probationary employee, I am required to work during the probationary period without interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either 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 an official from the Office of Fiscal & Human Resources, and any such agreement must be made in writing, directed to me personally.

**I further acknowledge that after my probationary period ends, I will be subject to the terms and conditions of a collective bargaining agreement. I acknowledge that no one has made any representations or statements to the contrary to this probationary at-will statement to me 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.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**9. I agree that any lawsuit against the Township arising out of my employment or termination or employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE NINE (9) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**