



APPLICATION FOR EMPLOYMENT
3720 Keewahdin Road, Fort Gratiot, Michigan 48059
www.fortgratiottwp.org

Fort Gratiot Charter Township is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

YOU MUST COMPLETE ALL SECTIONS OF THE APPLICATION. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. PRINT OR TYPE. ALL SIGNATURES REQUIRED.

Position Applied For: _____ Date of Application: _____

Referral Source: Social Media Website Newspaper Employment Agency Relative
 Friend Walk-In Other-Please Specify: _____

Name: _____
Last, First, Middle

Current Address, C/S/Z: _____

Phone: _____ Email: _____

Valid Driver License? Yes No Number: _____ State Issued: _____

If you are under 18, can you furnish a work permit? Yes No Not Applicable

Have you filed an application here before? Yes No If yes, give date: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No *Proof of citizenship or immigration status will be required upon employment.*

Are you on a lay-off and subject to recall? Yes No

Availability: Full Time Part Time Any Date available to begin work: _____

Are you able to perform the essential functions of the job to which you are applying? Yes No

Have you been convicted of a felony? Yes No (*Conviction will not necessarily disqualify from employment.*)

If yes, please explain: _____

Employment History – An Equal Opportunity Employer

List your last three employers (no matter the time frame) immediately preceding the date of this application, beginning with your most recent. If you have had more than three employers during the last three years, please list all employers within the last three years. Additional employers may be listed on a separate sheet.

| | | | |
|---------------------------|-------------------------|-------|------------------|
| Company Name/Address/CSZ: | Supervisors Name/Title: | From: | Starting Salary: |
| | Title Held (if any): | To: | Ending Salary: |
| | | | |
| Telephone No: | | | |
| Work performed/duties: | | | |
| Reason for leaving: | | | |
| Company Name/Address/CSZ: | Supervisors Name/Title: | From: | Starting Salary: |
| | Title Held (if any): | To: | Ending Salary: |
| | | | |
| Telephone No: | | | |
| Work performed/duties: | | | |
| Reason for leaving: | | | |
| Company Name/Address/CSZ: | Supervisors Name/Title: | From: | Starting Salary: |
| | Title Held (if any): | To: | Ending Salary: |
| | | | |
| Telephone No: | | | |
| Work performed/duties: | | | |
| Reason for leaving: | | | |

If presently working, may we contact your present employer? Yes No

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, including computer knowledge.

Education/Military/References

| | High School | Vocational/Technical | College/University/Graduate |
|--|---|---|---|
| School Name & City, State: | | | |
| Did you Graduate? <i>If not, number of years completed:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major/Minor, Degree, Certificate: | | | |

Have you ever served in the U.S. Military? Yes No If yes, Branch: _____

Subject to recall? Yes No

Honorably Discharged? Yes No

State any additional qualifications you feel may be helpful to us in considering your application. You may exclude memberships which may reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status: (e.g. apprenticeships, internships, licenses, certifications, honors/awards received, extra-curricular activities, volunteerism, community engagement, service on boards, commissions, civic service groups)

Provide three references, not related to you, willing to provide a character or professional reference.

| Name/Title | City/State: | Telephone | Relationship |
|------------|-------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

Do you have any relatives working for Fort Gratiot Charter Township at this time? Yes No

If yes, please state their name and relationship.

| Name | Relationship |
|------|--------------|
| | |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree and understand that any employment offer may be conditioned upon the results of the post-offer, pre-employment medical examination and drug screening test.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that false, misleading, or incorrect information given in my application or interview(s) will be grounds for disqualification from further consideration or for discharge from employment if I am hired. I agree to abide by all rules and regulations of the Charter Township of Fort Gratiot if I am hired. I also understand that the Charter Township of Fort Gratiot is an at will employer with the right to terminate with or without cause.

_____ Applicant Signature - REQUIRED _____ Date _____

Please Note: A résumé may be submitted with this application, but is not to replace this application. Any résumé submitted without an application, completed in its entirety, will not be accepted.

DO NOT WRITE BELOW THIS LINE

Interview Date(s): _____

Committee Members: _____

Remarks:

| | | | |
|------------|---------------------|------------------------------|-------|
| HIRE DATE | BOARD APPROVED DATE | START DATE | HOURS |
| DEPARTMENT | POSITION | ANNUAL SALARY or HOURLY WAGE | |

APPROVED: _____ DEPARTMENT HEAD PRINTED NAME _____ DEPARTMENT HEAD SIGNATURE