

**APPLICATION FOR EMPLOYMENT
CHARTER TOWNSHIP OF CHOCOLAY
5010 US 41 SOUTH
MARQUETTE, MI 49855**

Position Applied For _____ **Date** _____
Name _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____

Note: Applicants for supervisory or highly technical positions may be requested to submit additional detail regarding educational and/or work experience.

Are you 18 years or older? _____ **Social Security Number** _____

EDUCATION

Indicate the highest grade completed:

Elementary: 6 7 8 **High School:** 9 10 11 12

Vocational/Technical School: 1 2 **College:** 1 2 3 4

	High School	Vo-Tech	College
Name/location of school			

Dates of attendance

Major studies

Degree/diploma

List Additional Specialized Training

EMPLOYMENT HISTORY (most current first)

- 1) Employer _____ Address _____
Supervisor _____ Title _____
May we contact this employer _____ Business phone _____
Starting position _____ Ending position _____
Description of duties & responsibilities _____

Dates of employment - from _____ to _____
Salary history – starting _____ ending _____
Reason for leaving _____

- 2) Employer _____ Address _____
Supervisor _____ Title _____
May we contact this employer _____ Business phone _____
Starting position _____ Ending position _____
Description of duties & responsibilities _____

Dates of employment - from _____ to _____
Salary history – starting _____ ending _____
Reason for leaving _____

- 3) Employer _____ Address _____
Supervisor _____ Title _____
May we contact this employer _____ Business phone _____
Starting position _____ Ending position _____
Description of duties & responsibilities _____

Dates of employment - from _____ to _____
Salary history – starting _____ ending _____
Reason for leaving _____

OTHER EMPLOYMENT

Name of Employer and location	Position	Dates of Employment	Salary	Reason for Leaving
1)				
2)				
3)				

Is there any other information which may be of value in considering your application?

PROFESSIONAL REFERENCES

(List only persons we may contact at this time)

- 1) Name _____ Title _____
Address _____ Business phone _____

- 2) Name _____ Title _____
Address _____ Business phone _____

- 3) Name _____ Title _____
Address _____ Business phone _____

GENERAL INFORMATION

As a condition of employment, have you ever had a bond denied or revoked? _____
Are you a citizen of the United States? _____ If you are not a citizen of the United States, do you have authorization to work in the United States? _____
What authorization? _____

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.

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

Note: Conviction of a crime does not constitute an absolute bar to employment.

Do you have any disabilities or impairments, physical, mental or medical which would interfere with your ability to do the job for which you have applied? _____
If yes, please describe _____

Have you served in the United States Armed Forces? _____ Dates _____
Were you honorably discharged _____ If no, explain _____

Have you previously applied for work with Chocolay Township? _____ If yes, what year did you apply _____

Do you understand that as a condition of employment you may be required to present evidence of a recent physical examination by a local doctor of the Township's choice at the expense of the Township? _____ Note: It is a requirement for all police officers prior to employment to pass a complete physical examination by a physician of the Township's choice at the expense of the Township.

I hereby apply for employment with the Charter Township of Chocolay and state that the information contained in this application is true to the best of my knowledge and I understand and agree that any misinterpretation or false statement by me will constitute just cause for the Charter Township of Chocolay not to employ me or, if employed, to terminate my employment.

I understand and agree that all information furnished in this application may be verified by the Charter Township of Chocoday. I hereby authorize all individuals and organizations named or referred to in this application to give the Charter Township of Chocoday all information relative to such verification and hereby release such individuals, organizations and the Charter Township of Chocoday from any and all liability for any claim or damage resulting therefrom.

Signature _____ Date _____

THE CHARTER TOWNSHIP OF CHOCOLAY IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE OR PHYSICAL HANDICAP. ALSO THE TOWNSHIP IS IN COMPLIANCE WITH ADA.

**SUPPLEMENTAL APPLICATION FOR PERMANENT AND TEMPORARY
EMPLOYEES WHO DRIVE TOWNSHIP VEHICLES**

Note: This section is for police office candidates and persons driving Township vehicles as a requirement of the job.

- 1) List state, number and expiration date of each driver's license or chauffeur's license that has been issued to you.

	State	Number	Expiration Date
1)			
2)			
3)			

Do you hold any driving endorsements? _____ If yes, what class? I ____ II ____ III ____

- 2) 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:

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

- 3) 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:

Signature of Applicant _____ Date _____