

**APPLICATION FOR EMPLOYMENT
 CHARTER TOWNSHIP OF CHOCOLAY
 5010 US 41 SOUTH MARQUETTE, MI 49855
 (906) 249-1448**

Position Applied For: _____ Date: ____/____/____
 Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail address _____

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: _____

Are you currently working?: _____ Are you on layoff?: _____

If requested, will you submit to a drug screening test? _____
 If requested, will you submit to a physical exam? _____

EDUCATION

Circle 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)

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: _____

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: _____

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 perform 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 and position did you apply for _____

Do you understand that as a condition of employment you may be required to have a 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.

If offered the position that I have applied for, and prior to commencing employment work with I authorize the Township to conduct a criminal background check, driving violation history report, and for financial positions, a basic credit check may be requested.

I also understand that these reports will be reviewed by the Personnel Administrator and an employment offer may be denied as a result of an unfavorable review.

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 Chocolay. I hereby authorize all individuals and organizations named or referred to in this application to give the Charter Township of Chocolay all information relative to such verification and hereby release such individuals, organizations and the Charter Township of Chocolay from any and all liability for any claim or damage resulting there from.

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, HEIGHT, WEIGHT, MARITAL STATUS, VETERAN STATUS OR PHYSICAL HANDICAP, OR ANY PROTECTED CATEGORY.

**SUPPLEMENTAL APPLICATION FOR PERMANENT AND TEMPORARY
EMPLOYEES WHO MAY OPERATE TOWNSHIP VEHICLES**

Note: This section is for police office candidates and persons who may operate drive Township vehicles during their employment with the Township.

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 ____

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:

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

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 ____/____/____