

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

The Charter Township of Chocolay is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or other protected category

**YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION ( YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Driver's license # \_\_\_\_\_

**EDUCATION**

	High School	Vocational / Technical	College	Graduate
School Name, City / State				
Did you graduate? (If not, number of credit hours completed)				
Degree / Certificate				
Major / Minor				

Describe any specialized training, apprenticeships , internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**EMPLOYMENT HISTORY**  
(List 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: \_\_\_\_\_

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Starting position: \_\_\_\_\_ Ending position: \_\_\_\_\_  
Description of duties & responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Dates of employment: from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
Salary history: starting \_\_\_\_\_ ending \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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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: \_\_\_\_\_

**PROFESSIONAL REFERENCES**  
(Do not include relatives or former employers)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GENERAL INFORMATION**

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

Are you a relative by birth or marriage to any Chocolay Township official or full-time management employee? \_\_\_\_\_

If yes: \_\_\_\_\_  
Name Relationship

Are you under 18 years of age? \_\_\_\_\_ (If yes, attach work permit)

Social Security Number: \_\_\_\_\_

Are you currently working?: \_\_\_\_\_

Are you on layoff?: \_\_\_\_\_ If yes, are you subject to recall? \_\_\_\_\_

Are you prevented from lawfully being employed in this country because of Visa or Immigration status? \_\_\_\_\_

(Proof of citizenship or immigration status may be requested upon employment)

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 fired? \_\_\_\_\_

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

As a condition of employment, have you ever had a bond denied or revoked? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard which is directly related to the position for which you are applying for? \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Date of discharge \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you honorably discharged? \_\_\_\_\_

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

Have you ever been convicted of a felony? \_\_\_\_\_ 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 description for which you have applied? \_\_\_\_\_

Describe how you would perform the job functions involved in the job or occupation for which you have applied \_\_\_\_\_

Have you ever been employed by Chocolay Township? \_\_\_\_\_

If Yes: \_\_\_\_\_  
Position Department Dates

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 damages that may result from furnishing same to you.

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

4. I authorize the Charter Township of Chocolay to release any information (even if more than 4 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 result of the drug screening test and the post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).

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

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Charter Township of Chocolay 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. In consideration of my employment, I agree to the rules and regulations of the Charter Township of Chocolay, 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 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 the Personnel Director of the Township, 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 the Townships at-will policy or about the Townships 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. I agree that any lawsuit against the Township arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or forever be barred. I waive any limitations period to the contrary.

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

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

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

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

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

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

Note: This section is for police officer 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

