

APPLICATION FOR EMPLOYMENT



Charter Township of Commerce
2009 Township Dr.
Commerce, MI 48390

We consider applicants for all positions without regard to race, color, religion, gender, nation origin, age, disability, marital or veteran status, or any other legally protected status.

***This entire application must be completed even if a resume is attached. Failure to do so will disqualify the applicant from further consideration.**

INSTRUCTIONS:

Please print or type the requested information in the spaces provided below:

Date of Application: _____
Month/Day/Year

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number (when requested)
-----------	-------	--------	--

Street Address	Phone Number
----------------	--------------

City	State	Zip Code	Email Address
------	-------	----------	---------------

Are you 18 years or older? Yes No

Have you applied with the Charter Township of Commerce before? If so, when: _____

If related to any Commerce Township employees, state name, department and relationship to you:

Have you ever been convicted of a crime? Yes (explain) No

If YES, please list date, place and nature of offense

Are there any felony charges pending against you? If so, please explain:

Drivers License No. _____ State of Issuance _____ Exp. Date _____
____ Operator _____ Commercial (CDL) _____ Commercial (CDLWP endorsement Passenger)
Have you had any accidents during the past three years? _____ How Many? _____
Have you had any moving violations during the past three years? _____ How Many? _____

MILITARY SERVICE RECORD

Were you in the United States Armed Forces? _____ If yes, what branch? _____
Rank/Type of Discharge: _____ Date of Discharge: _____
Are you in the reserves? _____ Yes _____ No. If yes, date obligation ends: _____

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____ DEPARTMENT(S): Firefighter POC Fire
Library Building
Maintenance Senior Center
Clerical Other

Kind of Work Sought: Full-time Part-time Seasonal

If part-time or seasonal, please specify days, hours:

EDUCATION

High School Name _____ Graduated (y/n) _____
College or Tech School Name _____
Graduated (y/n) _____ Degree _____ GPA _____
Major field of study _____ or Credits Earned # _____

CERTIFICATIONS

Firefighter 1 (FF1) _____ Firefighter 2 (FF2) _____ EMT _____ Paramedic _____
Date Certification Obtained: _____ Date Certification Expires: _____

GENERAL

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

CURRENT AND FORMER EMPLOYERS

List below your current and past employment, beginning with your most recent employer.

***This section must be completed even if a resume is attached.**

Failure to do so will disqualify the applicant from further consideration.

Employer Name: _____

Address: _____

Telephone #: _____ Name of Supervisor _____

Reason for Leaving: _____

Employed: FROM: _____ To: _____ Last Salary: _____ Hr./Monthly/Yearly

List Job Title and Responsibilities:

CURRENT AND FORMER EMPLOYERS

List below your current and past employment, beginning with your most recent employer.

***This section must be completed even if a resume is attached.**

Failure to do so will disqualify the applicant from further consideration.

Employer Name: _____

Address: _____

Telephone #: _____ Name of Supervisor _____

Reason for Leaving: _____

Employed: FROM: _____ To: _____ Last Salary: _____ Hr./Monthly/Yearly

List Job Title and Responsibilities:

Employer Name: _____

Address: _____

Telephone #: _____ Name of Supervisor _____

Reason for Leaving: _____

Employed: FROM: _____ To: _____ Last Salary: _____ Hr./Monthly/Yearly

List Job Title and Responsibilities:

CURRENT AND FORMER EMPLOYERS

List below your current and past employment, beginning with your most recent employer.

***This section must be completed even if a resume is attached.**

Failure to do so will disqualify the applicant from further consideration.

Employer Name: _____

Address: _____

Telephone #: _____ Name of Supervisor _____

Reason for Leaving: _____

Employed: FROM: _____ To: _____ Last Salary: _____ Hr./Monthly/Yearly

List Job Title and Responsibilities:

PERSONAL REFERENCES

Please list below the names of three (3) people, not related to you, whom you have known for over a year.

	Name	Address	Telephone Number	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SIGNATURE

(Read carefully before signing)

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application maybe rejected and if I am employed, my employment may be terminated at any time, In consideration of my employment, I agree to conform to the Township's rules and regulations, and I agree that I do not know of any health or personal condition that would prevent me from carrying out the duties of this position with or without reasonable accommodations.

I authorize the Charter Township of Commerce to verify the answers and information given by me in the application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organization, education institutions, and any other third party contracted by the Charter Township of Commerce to release the Charter Township of Commerce any information they have regarding me without providing written notice to me.

I authorize the Charter Township of Commerce to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, further employer or prospective future employer without notification to me of such disclosure; and I release the Charter Township of Commerce from any liability in connection with such use or disclosure.

If I am hired by the Charter Township of Commerce, I understand and agree that I will be bound by the rules and regulations, policies, procedures, and other terms and conditions of employment of the Charter Township of Commerce as they are from time to time changes, with or without notice to me.

If I am hired by the Charter Township of Commerce, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the Charter Township of Commerce can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Township document or verbal statement to the contrary. No one except the Township Board can enter into any kind of employment relationship or agreement, which is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally Township Supervisor, and be attested by the Commerce Township Board.

I agree not to commence any action or suit relating to my employment with the Township more than six (6) months after the occurrence of the facts giving rise to the claim, or more than six (6) months after the date of my termination of such employment, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than sic (6) months, I agree to the shorter statute of limitation shall apply.

I also understand that the Township may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conduction the search to the Township. I further release the individual or entity conduction the search, the Township, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions my result in disqualification from employment with the Township or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Applicant's Signature: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER