

DATE OF APPLICATION:

LAST

GAINES CHARTER TOWNSHIP

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

FIRST

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY, STATE AND ZIP CODE
PERMANENT ADDRESS	CITY, STATE AND ZIP CODE
HOME TELEPHONE #	OTHER #
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESIRED EMPLOYMENT

POSITION	DATE AVAILABLE	SALARY DESIRED
IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED AT GAINES CHARTER TOWNSHIP BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?	WHAT POSITION?	
HAVE YOU EVER WORKED FOR GAINES CHARTER TOWNSHIP BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?	WHAT POSITION?	
NAME OF LAST SUPERVISOR		
REASON FOR LEAVING:		
HOW WERE YOU REFERRED TO GAINES CHARTER TOWNSHIP?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> FRIEND	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE
<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> OTHER: _____

EDUCATION

YEARS
COMPLETED

DIPLOMA
RECEIVED

COURSE(S) OF STUDY

EDUCATION	YEARS COMPLETED	DIPLOMA RECEIVED	COURSE(S) OF STUDY
HIGH SCHOOL			
ADDRESS			
COLLEGE			
ADDRESS			
OTHER			
ADDRESS			

PREVIOUS EMPLOYMENT			
NAME OF PREVIOUS EMPLOYER		POSITION TITLE	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
STARTING DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY
NAME OF SUPERVISOR		TITLE	
MAY WE CONTACT THIS SUPERVISOR AND/OR EMPLOYER?			PHONE NUMBER
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER		POSITION TITLE	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
STARTING DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY
NAME OF SUPERVISOR		TITLE	
MAY WE CONTACT THIS SUPERVISOR AND/OR EMPLOYER?			PHONE NUMBER
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER		POSITION TITLE	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
STARTING DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY
NAME OF SUPERVISOR		TITLE	
MAY WE CONTACT THIS SUPERVISOR AND/OR EMPLOYER?			PHONE NUMBER
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER		POSITION TITLE	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
STARTING DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY
NAME OF SUPERVISOR		TITLE	
MAY WE CONTACT THIS SUPERVISOR AND/OR EMPLOYER?			PHONE NUMBER
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

PERSONAL REFERENCES			
NAME	OCCUPATION	PHONE NUMBER	YEARS ACQUAINTED
NAME	OCCUPATION	PHONE NUMBER	YEARS ACQUAINTED
NAME	OCCUPATION	PHONE NUMBER	YEARS ACQUAINTED

ADDITIONAL SKILLS & QUALIFICATIONS

PLEASE SUMMARIZE ANY TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING:

SERVICE RECORD		
BRANCH OF SERVICE	RANK	DISCHARGE DATE

OTHER INFORMATION	
COULD YOU BE PREVENTED FROM LEGALLY BECOMING EMPLOYED IN THIS COUNTRY DUE TO VISA OR IMMIGRATION STATUS (PROOF OF CITIZENSHIP/IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, PLEASE EXPLAIN:	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION):	

AUTHORIZATION

"I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT HERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE, AND RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

I UNDERSTAND THAT, IF I AM HIRED, I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE OR PRIOR NOTICE, AND THE TOWNSHIP RESERVES THE RIGHT TO TERMINE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE OR PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION, AND THAT NO REPRESENTATIVE OF THE TOWNSHIP HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED TOWNSHIP REPRESENTATIVE."

SIGNATURE _____ DATE _____