



Application For Employment

CHARTER TOWNSHIP OF CLINTON
40700 Romeo Plank Road, Clinton Township, MI 48038
586-286-9342 civilservice@clintontownship-mi.gov

The Charter Township of Clinton considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, height, weight, veteran status, sexual orientation, gender identity, gender expression, genetic information, or any other characteristic covered by law.

Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person notifies the employer in writing of the need for accommodation

INCOMPLETE APPLICATION WILL NOT BE PROCESSED. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. UPON APPOINTMENT, THIS APPLICATION WILL BECOME A PERMANENT PART OF YOUR PERSONNEL FILE. ANY FALSE STATEMENT WILL AUTOMATICALLY DISQUALIFY YOU FOR THIS POSITION.

DATE: _____ WOULD YOU CONSIDER A PART-TIME POSITION? YES NO

POSITION(S) APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET NUMBER & NAME CITY STATE ZIP

DATES OF RESIDENCE:

FROM:	TO:

PREFERRED METHOD OF COMMUNICATION:

<input type="checkbox"/> HOME PHONE	<input type="checkbox"/> CELL PHONE/TEXT	<input type="checkbox"/> EMAIL ADDRESS

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME	HOME ADDRESS	TELEPHONE	RELATIONSHIP

GENERAL INFORMATION

Are you over 18 years of age?

YES NO

Are you on lay-off?

YES NO

If yes, are you subject to recall?

YES NO

Do you have any relatives working for the Township?

YES NO

If yes, who?

Have you filled an application with the Charter Township of Clinton previously?

YES NO

If yes, when?

For what position?

Were you ever employed by the Charter Township of Clinton previously?

YES NO

If yes, fill in the fields below:

POSITION:	DEPARTMENT:	START DATE	END DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you authorized to work in the USA?

YES NO

Will you now or in the future require sponsorship for employment visa status?

YES NO

Note: Employment is contingent upon verification of employment eligibility under the provisions of the Immigration Reform and Control Act of 1986 and subsequent legislation.

Have you ever been dismissed or asked to resign from any employment?

YES NO

If yes, give detailed circumstances, date, and employer's name:

DATE:	EMPLOYER:
<input type="text"/>	<input type="text"/>
CIRCUMSTANCES:	
<input type="text"/>	

Have you ever been refused employment?

YES NO

If yes, state by whom and for what reasons:

WHOM:	REASON:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime?

YES NO

If yes, provide complete details including When, Where and Nature of Offense:

WHEN (DATE)	WHERE	NATURE OF OFFENSE

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 or occupation for which you have applied?

YES NO

Who referred you to the Township?

EDUCATION & TRAINING:

HIGH SCHOOL:

NAME OF SCHOOL:	SCHOOL LOCATION(Address):	YEAR GRADUATED:

COLLEGE OR UNIVERSITY:

NAME:	LOCATION:	DATES ATTENDED:

COURSE OF STUDY	DEGREE AWARDED:	GRADE - AVERAGE:

VOCATIONAL/TECHNICAL:

NAME:	LOCATION:	COURSE OF STUDY	DATES ATTENDED:	GRADUATED:

Have you held a professional license or certificates in any trade or occupation, either currently or in the past?

YES NO

If yes, indicate the organization, kind of license, State and City, and period covered by the license:

ORGANIZATION:	LICENSE/CERTIFICATE TYPE:	CITY, STATE	PERIOD

List any specialized training, apprenticeships, internships, skills, languages, or hobbies that pertain to the position(s) for which you are applying:

SPECIALIZED TRAINING:	APPRENTICESHIPS/INTERNSHIPS	LANGUAGES:	HOBBIES:

List professional, trade, business group memberships and offices held, and volunteer work (excluding groups the name and character of which indicate disability, height, weight, veteran status, marital status, sexual orientation, gender identity, gender expression, genetic information, or any other characteristic protected by law):

NAME OF ORGANIZATION:	LOCATION:	DATE OF MEMBERSHIP:	OFFICE HELD:

DRIVER RECORD:

Driver's License (OPS) Number: Type:

Commercial Driver's License (CDL) Number: CDL Endorsement Type:

List Traffic Citations for Last Five Years. If none, write "NONE":

DATE	VIOLATION TYPE	JURISDICTION/COURT NAME	PENALTY IMPOSED/DISPOSITION

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rule during the past two year?

YES NO

TRAINING & EXPERIENCE:

Typing Speed W.P.M.

Computer Skills (including software packages)

Equipment or Machines

Hand Tools

Other

PERSONAL REFERENCES: (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)

NAME	HOME ADDRESS	TELEPHONE	YEARS KNOWN

MILITARY STATUS:

ARE YOU A VETERAN: _____ BRANCH OF SERVICE: _____

DATE OF ENTRY: _____ SERIAL #: _____

DISCHARGE DATE: _____ RANK: _____

WAS YOUR DISCHARGE HONORABLE? YES NO

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

PRESENT MILITARY RESERVE AFFILIATION, IF ANY: _____

EMPLOYMENT: (List each job held in chronological order, beginning with the present or last job first.)

EMPLOYER: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ TELEPHONE: _____

DATE EMPLOYED: _____ DATE RELEASED: _____

STARTING WAGE: _____ ENDING WAGE: _____

NAME OF SUPERVISOR: _____ SUPERVISOR'S TITLE: _____

SYNOPSIS	JOB TITLE	DUTIES/RESPONSIBILITIES
ONSET		
DEPARTURE		

What did you like *Best* about this job?

What did you like *Least* about this job?

Reasoning for leaving

May we contact this employer without jeopardizing your position? YES NO

EMPLOYER: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

DATE EMPLOYED: _____

DATE RELEASED: _____

STARTING WAGE: _____

ENDING WAGE: _____

NAME OF SUPERVISOR: _____

SUPERVISOR'S TITLE: _____

SYNOPSIS	JOB TITLE	DUTIES/RESPONSIBILITIES
ONSET		
DEPARTURE		

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What did you like *Least* about this job?

Reasoning for leaving

May we contact this employer without jeopardizing your position?

YES

NO

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TYPE OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

DATE EMPLOYED: _____

DATE RELEASED: _____

STARTING WAGE: _____

ENDING WAGE: _____

NAME OF SUPERVISOR: _____

SUPERVISOR'S TITLE: _____

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ONSET		
DEPARTURE		

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YES

NO

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TYPE OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

DATE EMPLOYED: _____

DATE RELEASED: _____

STARTING WAGE: _____

ENDING WAGE: _____

NAME OF SUPERVISOR: _____

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Reasoning for leaving

May we contact this employer without jeopardizing your position?

YES

NO

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TYPE OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

DATE EMPLOYED: _____

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STARTING WAGE: _____

ENDING WAGE: _____

NAME OF SUPERVISOR: _____

SUPERVISOR'S TITLE: _____

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ONSET		
DEPARTURE		

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What did you like *Least* about this job?

Reasoning for leaving

May we contact this employer without jeopardizing your position?

YES

NO

IF THERE ARE MORE THAN FOUR PREVIOUS EMPLOYERS, ATTACH ADDITIONAL SHEET

ACKNOWLEDGEMENTS, RELEASES, AND OTHER IMPORTANT INFORMATION

READ CAREFULLY

- 1. The information in this application is complete and correct. I understand and acknowledge that if I have misrepresented or omitted any information, either in this application or in any interview, my application may be rejected or, if I have already been hired, my employment may be terminated.**
- 2. I understand that the Township may request information from my current and former employers or, if I am hired by the Township, that prospective future employers may request information from the Township. Under either case, I authorize the Township and my current and former employers to provide any requested information, including any disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records, regardless of when they were issued. I waive the right to receive written notice of any such disclosure, and I release the Township and my current or former employers from any liability in connection with such disclosure. This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.**
- 3. I understand that any employment offer is conditioned upon the results of a drug screening test and a post offer pre-employment medical examination.**
- 4. I have read the job description(s) for the position(s) for which I am applying. I acknowledge that if I am disabled and require an accommodation to enable me to perform a job, under Michigan law, I must notify the Township of the need for an accommodation, in writing, within 182 days of when I knew or should have known of such a need, or I will be unable to rely on the Township's statutory duty under Michigan law to accommodate, if any.**
- 5. In consideration of my employment, I agree to conform to the rules and regulations of the Charter Township of Clinton. I further acknowledge I will be on a probationary status from my date of hire. As a probationary employee, I understand that (a) I must work during the probationary period without interruptions; (b) my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the Township or myself; (c) no officer or representative of the Township has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above-described employment relationship except an authorized official from the Human Resources Department, and that any such agreement or representation must be in writing and signed by both myself and an authorized Township representative; and (d) after my probationary period ends, I will be subject to the terms and conditions of a collective bargaining agreement and Civil Service rules.**
- 6. I agree that in consideration for my employment or continued employment that any claim or lawsuit arising out of my employment with, or my application for employment with, the Township must be filed no more than six (6) months after the day of the action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment-related action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

ELECTRONIC SIGNATURE AGREEMENT

By checking the "I agree" box below, you agree and acknowledge that:

1. Your application will not be signed in the sense of a traditional paper document.
2. By signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.
3. You may still be required to provide a traditional signature at a later date.

I agree

NAME (First M. Last Name)

DATE:

SIGNATURE (if printing app.)

**DISCLOSURE TO APPLICANT REGARDING CONSUMER
REPORTS**

You have applied to the Charter Township of Clinton (“the Township”) for employment. The Township may obtain consumer reports about you from a consumer reporting agency or agencies and may use the reports in deciding whether to hire you. These reports may include the following types of information: names and dates of previous employers, reason for termination of prior employment, job performance, work experience, accidents, etc.

Consumer reports may also contain information concerning your driving record, workers compensation claims, credit history, bankruptcy proceedings, criminal history, educational history, social security number and date of birth verification from the Social Security Administration. Information may be obtained from federal, state, or local governments, agencies, and former employers.

If you are hired by the Township, the Township may obtain consumer reports about you from time to time and may use the reports in deciding whether to retain you, promote you, reassign you, or for other employment purposes.

AUTHORIZATION

I understand that the Township may not obtain consumer reports about me unless I authorize it to do so. I also understand that if I refuse to give the Township authorization to obtain consumer reports, my application for employment will not be considered.

I hereby authorize the Charter Township of Clinton to obtain consumer reports in connection with my application and during any future employment by the Township. The Township has disclosed, and I understand that consumer reports may include but are not limited to my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, driving records, and any other public records and information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness. I authorize without reservation any party or agency contacted by the Township to furnish the requested information. I understand that I have the right to request the Township to provide me with the nature and substance of all information in its files regarding me as of the time of the request.

This authorization shall service as ongoing authorization to the Township to procure consumer reports about me at any time during my employment (or contract) period.

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2. By signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.
3. You may still be required to provide a traditional signature at a later date.

I agree

NAME (First M. Last Name)

DATE:

SIGNATURE (if printing app.)

EQUAL EMPLOYMENT OPPORTUNITY DATA OPTIONAL

Information on this section will not be made available to those making employment decisions. This information is requested for statistical reporting purposes only. The data will be used to meet the federal government's reporting requirements under Executive Order 11246, which applies to federal contractors, Title VII of the Civil Rights Act of 1964 (as amended) and other regulations.

- BLACK (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDERS** – All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** – All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition
- HISPANIC** – All persons of Mexican, Puerto Rican, Cuban, Central of South America, or other Spanish culture of origin, regardless of race.
- WHITE (not of Hispanic origin)** – All persons having origins in any of the original people of Europe, North Africa, or Middle East.
- MULTI-RACIAL (having parents of more than one of the broad race categories listed above)** – If you select this category, please also check the category above which is your predominant race (the race you are most often identified as).

MALE:

FEMALE:

BIRTH DATE: AGE:

Position(s) Applied For:

Indicate how you learned of this position(s):

Refusal to fill out this form will not affect your application being considered.