

EMPLOYMENT HISTORY

Start with present and also list all previous employment. (Use a separate sheet if necessary) Start with present employment and work back.

Dates (mo/yr)	Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary (beg/end)
From:				
To:				

Reason for leaving: _____

From:				
To:				

Reason for leaving: _____

From:				
To:				

Reason for leaving: _____

From:				
To:				

Reason for leaving: _____

From:				
To:				

Reason for leaving: _____

May we contact the employers listed above: Yes____ No____
 If not, indicate which one(s) you do **not** wish us to contact: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience, as well as, how you believe they would be of value to Grand Blanc Township.

AUTHORIZATION AND UNDERSTANDING

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Grand Blanc Township may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews and I authorize Grand Blanc Township to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Grand Blanc Township is entitled to rely on the representations made by me in the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the Township.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Grand Blanc Township and can be terminated, with or without cause, and with or without notice, at any time at the option of either Grand Blanc Township or myself. I further understand and agree that no manager, representative, agent or employee of Grand Blanc Township, other than its Supervisor, has now or has had in the past any authority to enter into any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Supervisor of Grand Blanc Township in order to be effective.

Furthermore, I agree that if I become employed by Grand Blanc Township, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Township or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the Townships discretion and expense.

Applicant's Signature: _____ Date: _____

PLEASE READ

This application will only be considered for the ninety calendar day period after its receipt by Grand Blanc Township. Should you wish to be considered after the expiration of this period, you must reapply.

Grand Blanc Township is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan Handicapper's Civil Right Act and the Federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? **Yes____ No____
 Please describe the accommodation you believe is needed, if any:_____

If you served in the U.S. Armed Forces, please indicate:

Branch of Service_____ Rank at discharge_____
 Date of discharge_____ Dishonorable discharge: Yes____ No____
 Describe your duties and any special training:_____

In case of an emergency, we should notify:

 Name Address Phone No.

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone No.	Employer & Title	Years Acquainted

EDUCATION

Name & Location Of School Major Subject(s) Studies Years attended for Verification Graduated Yes/No Degree/Diploma Certificate & Year Obtained

High School				
Technical Training				
College				
Other				

**The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.