

249 N. MILLER ROAD, SAGINAW, MICHIGAN 48609 • 989.781.0150 PH • 989.781.0290 FAX

www.thomastwp.org

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Personal Information (please print legibly)

Position (s) applying for			Date	of Application//
Name				
Last	Firs	st		Middle
Address				
Street	City	St	ate	Zip Code
Telephone # ()	Cellular # ()	E-mail Addre	ess	
If necessary, best time to call at h	ome is: AM / PM	May we contact you	ı at work	□ yes □ no
If yes, work number ()	and best time to ca	all: AM / PM		
Have you submitted an application	on here before? \square yes \square no If y	ves, give date(s) and posit	ion(s)	
Have you ever been employed he	re before? □ yes □ no If yes	give dates FROM/	<u>/</u>	_TO//
Are you legally eligible for empl	oyment in this country? \square yes \square	no Are you 18 years of	age or olde	r? □ yes □ no
Date available for work/_	/Type of employmen	t: □Full-Time □Part-Time	e □Tempora	ry □Seasonal □Educational Co-Op
Have you ever pled "guilty" or "r	no contest" to, or been convicted	of a crime? □ yes □ no		
If yes, please provide date(s) and Answering "yes" to this question does Rehabilitation and position applied for	not constitute an automatic bar to emp	loyment. Factors such as date	of the offens	e, seriousness and nature of the violation,
	Education, Training	ng and Special Skil	lls	
A. List last three (3) schools atter C. Indicate degree or diploma ear	_		•	ears completed.
A. School Name and Address	B. No. of Years completed	C. Degree/Diploma	D. GPA	E. Major

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed	Summarize responsibilities performed
Address		From/	
Starting Job Title/Final J	ob Title	To/	
Reason for Leaving		Hourly Rate/Salary Starting	
Supervisor		\$ Per Final	
May we contact □ yes	□ no □ later	<u>\$ Per</u>	
Employer	Telephone	Dates Employed	Summarize responsibilities performed
Address		From/ To	
Starting Job Title/Final J	ob Title	/	
Reason for Leaving		Hourly Rate/Salary Starting	
Supervisor		<u>\$ Per</u> Final	
May we contact □ yes	□ no □ later	<u>\$ Per</u>	
Employer	Telephone	Dates Employed	Summarize responsibilities performed
Address		From/ To	
Starting Job Title/Final J	ob Title		
Reason for Leaving		Hourly Rate/Salary Starting	
Supervisor		\$ Per Final	
May we contact □ yes	□ no □ later	<u>\$ Per</u>	
Employer	Telephone	Dates Employed	Summarize responsibilities performed
Address		From/	
Starting Job Title/Final J	ob Title	/	
Reason for Leaving		Hourly Rate/Salary Starting	
Supervisor		<u>\$ Per</u> Final	
	□ no □ later	\$ Per	

	Skills and (Qualifications		
ummarize any special training, elated functions in the position			y qualify you as being able to perform jo	
	Refe	rences		
ist name and telephone numbe			e not related to you and are not previous	
upervisors. If not applicable, li			•	
Name	Telep	ohone	Number of Years Known	
	()			
	()			
	()			
	Additional	Information		
	eal race, color, religion, sex nat	ional origin, citizen	ship, age, mental or physical disabilities,	
veteran/reserve national guard or any other similarly protected status. Organization		Offices Held		
ist special accomplishments, p				
sclude memberships that would reveal race, c milarly protected status.	olor, religion, sex, national origin, citiz	enship, age, mental or pl	sysical disabilities, veteran/reserve national guard or any	
ist any additional information	you would like us to consi	der.		

Applicant Statement

AUTHORIZATIONS AND ACKNOWLEDGMENTS

I certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, or other materials provided, during my interview, or during my employment if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with the Employer's policies. I agree to conform to the rules and regulations of the Employer and understand that my employment relationship with the Employer is "at-will" and that I or the Employer may terminate my employment with or without cause, and with or without notice, at any time unless my employment is governed by the terms and conditions of a collective bargaining agreement or written employment agreement that states otherwise. I further understand that no Employer agent or representative has any authority to enter into a contract of employment with me except for the Township Manager or Township Supervisor as a representative of the Township Board and that any such agreement must be signed by the Township Manager or Township Supervisor.

I acknowledge that any offer of employment I may receive from Thomas Township is contingent on the results of a reference and background check. Therefore, I authorize the Township to (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Township involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Township. I waive any written notice for the release of such information which may be required under state or federal law.

I hereby give my consent for Thomas Township through an authorized agent to collect my urine, saliva, blood, or hair samples for testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release Thomas Township and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or the test results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a job-related medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination at any time as it pertains to my job and/or the need for accommodation. I hereby consent to have the results of any such alcohol or drug test or medical examination disclosed to Thomas Township. I also acknowledge that any offer of employment that I receive is contingent upon the results of my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the Employer withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Employer provide a reasonable accommodation for it. I am aware that I must make any such request for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for accommodation under state law and that federal law has no similar time limitation.

Dated:	Applicant:
Daled.	Applicant.

Please send finished application to.

fireadmin@thomastwp.org