



APPLICATION FOR EMPLOYMENT

Spaulding Township

5025 East Road

Saginaw, MI 48601

Phone: (989) 777-0950 • Facsimile: (989) 777-1522 • Website: spauldingtwp.com

Spaulding Township is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, or disability.

Please note the following: (1) Answer all questions completely. Failure to do so may result in rejection of your application and you may not be considered for employment. (2) Please print legibly. (3) This application will be kept current for six (6) months from the date it was submitted.

PERSONAL INFORMATION

Date _____ Name _____

First Middle Last

Phone _____ Email Address _____

Address _____

No./Street City State Zip Code

Driver's License No. & State _____

Position(s) Applied for: _____

Full-time Part-time Temporary Seasonal

Starting Wage Desired (indicate hourly/weekly/annually): \$ _____ per _____

Please insert times on each day(s) you would be available to work: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

If hired, when would you be available to start work? _____

Are you under 18 years of age? Yes No

Are you currently working? Yes No

Are you on lay-off? Yes No

 If yes, are you subject to recall? Yes No

Have you ever been refused a bond? Yes No

Will you submit to a drug screening test? Yes No

Have you ever been employed by Spaulding Township? Yes No

 If yes _____

Position Department Dates (from/to)

Are you a relative by birth or marriage to any Spaulding Township elected official or employee? Yes No

 If yes, please provide their name and relationship to you. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No. (Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been fired? Yes No. If yes, give date, where you worked and explanation: _____

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

Have you ever been convicted of a felony that has not been expunged, annulled or sealed? Yes No
 If yes, completely describe including location and date: _____

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.

EDUCATION & TRAINING

	High School	Vocational/ Technical	College/ University	Graduate School
School Name				
Did you graduate? (if not, list the number of credit hours completed).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree(s)/Certification(s)				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates and extra curricular activities that pertain to the position(s) for which you are applying. _____

What type of business machines, machinery or equipment do you operate? _____

List outside interests/hobbies. _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the USA or in the National Guard? Yes No
 If yes, what branch? _____ Rank at discharge _____
 Date of discharge _____ Were you dishonorably discharged? Yes No
 NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

List Duty(ies) _____

EMPLOYMENT HISTORY

Below, list each job held beginning with your present or last job first. Omit military service record. If you require more space or have a resume containing this information please attach additional sheet(s) to this application. If you were employed under a maiden or other name, please indicate that name by the employer. All information provided must be accurate and correct.

Employer	Dates		Work Performed
	From	To	
Address & Telephone No.			
Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

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	From	To	
Address & Telephone No.			
Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

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Address & Telephone No.			
Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

REFERENCES

(Do not include relatives or former employers)

NAME	ADDRESS	TELEPHONE

APPLICANT'S AGREEMENT & UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresenting or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability or any damages that may result from furnishing same to you.

4. I authorize Spaulding Township to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

5. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination.

6. I have read the attached job description. If employed, I understand that if I am disabled or become disabled and am in need of accommodations for employment, I must notify Spaulding Township of in writing, within 182 days after the need is known or should have been known to me. Failure to properly notify the township will preclude any claim that the employer fails to accommodate the disability.

7. I agree that if I should be hired that any claim or lawsuit relating to my service with Spaulding Township or any of its councils, boards, commissions or committees must be filed no more than six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE SEVEN (7) INDIVIDUAL STATEMENTS SPECIFIED ABOVE.

Signature _____ Date _____

ADDITIONAL COMMENTS

Feel free to use this space to provide additional information as requested in this application or to briefly explain why you desire employment with Spaulding Township. Attached additional sheets, if desired.
