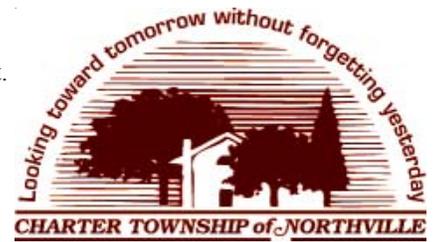


EMPLOYMENT APPLICATION

Return to: Human Resources Dept.
 Charter Township of Northville
 44405 Six Mile Rd.
 Northville, MI. 48168
 (248) 348 - 5800



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address <i>Number</i>	<i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
Telephone Number(s)	Cell Phone	Social Security Number
Email Address:		

Best time to contact you at home is: : _____:_____ AM
 PM

If you are under 18 years of age, can you provide required proof of eligibility to work?: Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a crime? Yes(explain) No
 (A criminal conviction record will not necessarily prohibit you from being employed)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College/Unversity				
Vocational/Trade/ Graduate School				

Please list any special training, skills, qualifications, licenses, certifications, or other experiences that relate to the position(s) applied for. _____

A current driver's license is required for certain positions in the following departments: Police, Fire, Public Works, Building/Engineering and Recreation.

If you are applying for a position in a listed department, do you presently have a valid Michigan drivers license?

Yes No

Type of License: Operators License Commercial Driver's License (CDL)

License No. _____ Endorsements _____

Expiration Date _____ Current Number of Points _____

(A license check will be conducted for applicants for positions requiring a current driver's license.)

Police Applicants Only:

Are you certified or have you completed the Michigan Commission of Law Enforcement Standards (MCOLES) basic police academy to be a certified law enforcement officer in the State of Michigan?

Yes No

If yes When? + Where? _____

If no, are you currently enrolled in a police academy? Date of Graduation? _____

If you are certified or certifiable but currently unemployed as a police officer when does your certification expire? _____

Physical Record

Medical Examinations. In accordance with the provisions of the Americans With Disabilities Act, the Charter Township of Northville may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the result of such examination(s)

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the Charter Township of Northville, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the Township. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the Township may be immediately terminated.

Applicant's Signature _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations with indicate race, color, gender, national origin, disabilities, or other protected status.

These are the only employers that I have had in the last 7 years: Signature _____
Date _____

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

REFERENCES

Do not list relatives or former/current employees. List home phone _____ and work phone _____

(Name)	()	Phone #
(Address)	()	
(Name)		Phone #
(Address)	()	
(Name)		Phone #
(Address)		

* I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Township has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

* I hereby authorize the Township to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Township to release to the Township any information they have regarding me without providing written notice to me.

* I authorize the Township to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Township from any liability in connection with such use or disclosure.

* If I am hired by the Township, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Township as they are from time-to-time changed, with or without notice to me. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract.

* I understand that no personnel recruiter, interviewer or other representative of the Township has any authority to enter into any agreement for employment for any specified time or agree to any wage schedule without the approval of the Personnel Director.

* I agree not to commence any action or claim relating to my employment with the Township or this application for employment more than six months after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.

Signature of Applicant

Date