Name:	

APPLICATION FOR EMPLOYMENT



Board of Trustees:

Supervisor Edward I. Smith

<u>Clerk</u> Maureen Brinker <u>Treasurer</u> Michael D. Eberth

Steven R. Allen

Sherry A. Berecz

David L. Chapman

Patrick J. Killian

21313 Telegraph Road Brownstown, Michigan 48183 (734) 675-0910

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, or veteran status.

	Last name First Middle			Date					
	Street Address					Primary 1	Primary Telephone		
P	City, State, Zip					Seconda	Secondary Telephone		
E R S	Have you previously applied for employment with Brownstown Township?					Email	Email		
0	Position Desired	Position Desired					Pay Expected		
N A	Apart from absence for religious observance, are you available for full-time work?						Will you work overtime if asked? ☐ Yes ☐ No		
L				If not, are you able to botain a work permit? ☐ Yes ☐ No ☐ Yes ☐			o you have a CDL? Yes □ No	If yes, please specify: □ A □ B	
	Other special training or skills (languages, machine operation, etc.)					When wil work?	When will you be available to begin work?		
E	School Name & Location			Course of Study		# of Years Completed	Did you Graduate?	Degree or Diploma	
DU	Graduate					•	☐ Yes ☐ No		
CA	College						☐ Yes ☐ No		
T	Business/Trade/ Technical						☐ Yes ☐ No		
O N	High School						☐ Yes ☐ No		
Membership in Professional or Civic Organization (Exclude those which may disclose your race color, religion, or national origin)									

EMPLOYMENT

Please give accurate, complete full-time and parttime employment record. Start with your present or most recent employer.

1	Company Name	Telephone			
	Address	Employment Dates (State month and year) From To			
	Name of Supervisor	Weekly Pay Start Last			
	State Job Title and Describe Your Work	Reason for Leaving			
2	Company Name				
	Company Name	Telephone			
	Address	Employment Dates (State month and year) From To			
	Name of Supervisor	Weekly Pay Start Last			
	State Job Title and Describe Your Work	Reason for Leaving			
	Company Name	Telephone			
•	Address	Employment Dates (State month and year) From To			
3	Name of Supervisor	Weekly Pay Start Last			
	State Job Title and Describe Your Work	Reason for Leaving			
4	Company Name	Telephone			
	Address	Employment Dates (State month and year) From To			
	Name of Supervisor	Weekly Pay Start Last			
	State Job Title and Describe Your Work	Reason for Leaving			

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT				
Employer Number	Reason			
Employer Number	Reason			
Employer Number	Reason			

MIL	ITARY	Did you se	rve in the U.S. Armed Forces?] Yes □ No	If yes, in what	branch?	
Describe any training received relevant to the position for which you are applying.							
FOR I	FOR POLICE APPLICANTS ONLY:						
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ☐Yes ☐ No If yes, describe in full.							
The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer report agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. Signature Date							
E							
			FOR EMPLOYE		_Y		
Emplo	yer		Person Contacted	E CHECK		Results	
1							
2							
3							
4							
TEST RESULTS							
Tests Administered		nsterea	Raw Score	Rat	ing	Analysis and Comments	
INTERVIEW RESULTS							
Interviewer Name and Comments							