



Bloomfield Township

APPLICATION FOR EMPLOYMENT

To the applicant: We appreciate your interest in our Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets your qualifications.

Bloomfield Township is an equal opportunity employer. Bloomfield Township does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Email Address _____ Social Security No. XXX-XX-_____

Are you authorized to work in the United States? Yes _____ No _____ Are you 18 years or older? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If yes, date(s) _____

Supervisor Name(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED:

Position applied for: _____

Employment Type: Full time _____ Part time _____ Other _____

If part-time, please specify hours and days available: _____

Salary/Hourly Rate Desired: _____ Date available to begin work : _____

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes _____ No _____ If yes, date obligation ends _____

Special/technical training _____

EMPLOYMENT EXPERIENCE (List current or most recent job first. Use additional paper if necessary.)

1	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
2	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
3	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
4	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses Of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other educational training: _____

CRIMINAL RECORD

Have you ever been convicted of or have pleaded "no contest", "nolo contendere", or "guilty" to a crime (a felony or misdemeanor) that has not been judicially ordered sealed or expunged or statutorily eradicated. You may exclude minor traffic offenses, such as, for example, traffic tickets.

Yes No

If yes, state: when, where, nature of offense, location of court, and sentence:

A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.

Are there any felony charges currently pending against you?

Yes No

REFERENCES (Please include former supervisors or professional colleagues.)

	Name	Company/Title	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

List professional, trade, business or civic activities and offices held, excluding groups the name of character which indicates race, color, religion, sex, national origin, age, disability, familial, marital status or veteran status _____

State any additional information that you feel may be helpful to us in considering your application.

AUTHORIZATION AND UNDERSTANDING

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand the you may verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my pervious disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE ELECTED TOWNSHIP SUPERVISOR, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE TOWNSHIP SUPERVISOR. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of of employment of the Township as they are from time to time changed and that no additional obligations can be imposed by me on the Township except those which have been acknowledged, in writing, by the director or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

Disability Accommodation Request

I understand that Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand disability employees and applicants may request an accommodation of their disability by notifying the Township in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the Township will preclude any claim that the employer failed to accommodate the disabled person under Michigan Law.

Signature

Date

Application can not be submitted directly from here. You must save it to a local drive, then either email it or print it to be submitted.

AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with Bloomfield Township. As part of our normal procedure during the recruitment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement carefully and indicate your agreement by signing below.

To Whom It May Concern:

I hereby authorize Bloomfield Township (the "Employer"), or other authorized representative of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the Employer or its authorized representative. I hereby release the Employer and any authorized representative, as the custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

DATED: _____

Full Name - Signature

Full Name – Print or Type

Current Address – Print or Type

Driver's License Number

State of Issue

XXX-XX-

Social Security Number

Telephone Number

Have you been known by any other names? _____