

Employment Application

An Equal Opportunity Employer

A person with a disability requiring accommodation for completing the application process should immediately notify the Personnel Director.

Filing this application does not imply the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

The **Charter Township of Kalamazoo** (hereafter "Township") is an Equal Opportunity Employer. It is the Township's policy to afford equal employment opportunity regardless of race, color, sex, age, religion, national origin, height, weight, marital status, familial status, veteran status, citizenship, handicap/disability, gender identity, sexual orientation, genetic information, citizenship, or as otherwise in accordance with all Federal or State law, or Local regulations. Michigan law requires a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PER	SONAL INFORMATION			
			Date	of Application
Name	(first, middle, last)			
Prese	nt Address (street, city, state, zip code)			
Home	Telephone or Number at Which You Can be Reached	Email Address		
Position	on Desired	Salary/Hourly Rate Desired	Da	ate Available
	se ask the Personnel Director for a copy of the day been provided to you.	ne desired position's job descripti	on if it has n	ot
1.	Do you have the ability to perform the essendesired" with or without reasonable accomm	•	□ Yes	□ No
2.	Are you at least 18 years old?		□ Yes	□ No
3.	Work Permit No.	(if under 18)		
4.	Have you previously been employed by the If yes, when:Under what name:	·	□ Yes	□ No
5.	Have you submitted an application to the To If yes, when: Under what name:		□ Yes	□ No
6.	List any/all relatives currently employed at t	he Township.		

□ Yes □ No Has your driver's license ever been revoked, suspended, restricted? If yes, for what reason and for how long? List any moving violations during the last three (3) years: **EDUCATIONAL HISTORY** Last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Name of High School: State: Schools (include trade schools) attended other than high school Location Course or **Dates** (City and State) Major Studied Name of School Attended Degree **EMPLOYMENT HISTORY** List below, beginning with the most recent, *all* present and past employment (use a separate sheet of paper, if necessary). If you are presently employed, may we contact your current employer? □ Yes □ No Company/Employer Name Company/Employer Address Phone Number Position Held/Job Title Dates of Employment Name and Title of Immediate Supervisor Reason for Leaving Hourly Wage/Salary (not required) **Brief Description of Duties**

Complete the following only if the position requires a driver's license:

Company/Employer Name	Company/Employer Address	Phone Number
Position Held/Job Title		Dates of Employment
Name and Title of Immediate Supervisor		
Reason for Leaving		Hourly Wage/Salary (not required)
Brief Description of Duties		
Company/Employer Name	Company/Employer Address	Phone Number
Position Held/Job Title		Dates of Employment
Name and Title of Immediate Supervisor		
Reason for Leaving		Hourly Wage/Salary (not required)
Brief Description of Duties		
Voluntary Information:		
Do you speak or write any languages	other than English (including sign-language)?	
If "yes," please explain:		
Do you have military experience (e.g.,	active duty forces, Reserves, National Guard,	Coast Guard, etc.)?
If "yes," please explain:		
	ciency, listing computer software and/or progr	

CHARTER TOWNSHIP OF KALAMAZOO EMPLOYMENT APPLICATION AGREEMENT

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason [including "just cause" when appropriate] for (1) my not being offered employment, or (2) dismissal at any time from the service of the Charter Township of Kalamazoo ("Township"), if employed.

I understand that consideration for employment at the Township is conditional upon a review of my qualifications, work history, references, etc. I authorize the Township to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. (I also agree to fully cooperate if the position for which I am applying requires a credit history check or otherwise implicates the Fair Credit Reporting Act.) I therefore authorize my current and all previous employers to cooperate with the Township and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Township, in connection with my application for employment with the Township. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Township.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Township, with or without cause, and with or without any previous notice (unless required otherwise by a collective bargaining agreement). I also understand and agree that the Township has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law or an existing collective bargaining agreement. I acknowledge that no Township employee or representative, other than the Township Board, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the Township Supervisor. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Township are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Township, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

•	led no more than six (6)	• • • • • • • • • • • • • • • • • • • •		•	•
he claim or lawsuit	I hereby waive any state	ute of limitations to	the contra	ry.	-
Dated [.]		Signature [.]			

Lagree that any claim or lawsuit relating to my application for employment or my service with the Township

(Applicant's name – printed)		