

APPLICATION FOR EMPLOYMENT

Augusta
Charter
Township

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

Please print the requested information in the spaces provided below.

Date of Application: _____
Month/Day/Year

Date available to begin work: _____
Month/Day/Year

PERSONAL INFORMATION

Last Name	First	Middle	
Street Address		Home Telephone	
City, State, Zip		Cell Phone	
Are you legally eligible for employment in the U.S.? [*]		Are you 18 years or older?	
<p>Have you ever been convicted of a crime? <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO</p> <p>(A criminal conviction record will not necessarily prohibit you from being employed.)</p> <p>If YES, please list date, place and nature of offense.</p>			
<p>Are there any felony charges against you? <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO</p>			

^{*} Augusta Charter Township conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____	PAY/SALARY DESIRED: _____
Will you accept part-time work? _____	
Have you ever worked for Augusta Charter Township before <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, In what capacity: _____	
Reason for Leaving: _____	

EDUCATION

EDUCATION	Name and Location of School	No. of Years Completed	Subjects Studied	Degrees Earned	G.P.A.
High School					
College/ University					
Vocational/ Trade/Graduate School					

GENERAL

Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?	

U.S. Military Service:	
Branch of Service _____	From _____ To _____
Rank or Rating _____	Type of Discharge _____

PHYSICAL RECORD

In case of emergency, notify: (Please list at least (1) contact person.

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

Please list any known allergies

Please list a hospital preference, if none leave blank

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 Augusta Charter Township 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 communicating the results to Augusta Charter 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 Augusta Charter Township may be immediately terminated.

Applicant's Signature _____

EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign any job? YES NO

If YES, please explain circumstances _____

Are you presently employed? YES NO

EMPLOYER INFORMATION

Please list your last (3) full and/or part-time employers. Start with present, or most recent employer.

1	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

2	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

3	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

Volunteer Information

Project Name	Location
List your responsibilities	Project Supervisor Phone Number ()

May we contact the employers listed above? Please indicate those you do not wish to have contacted. Please place a ✓ Next to the employer # and list the reason	DO NOT CONTACT
	Employer Number (1) _____ Reason _____
	Employer Number (2) _____ Reason _____
	Employer Number (3) _____ Reason _____

REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

SIGNATURE (Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that Augusta Charter 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 Augusta Charter Township to verify the answers and information given by me in this application and to make any investigation into my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by Augusta Charter Township to release to Augusta Charter Township any information they have regarding me without providing written notice to me.
- I authorize Augusta Charter 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 Augusta Charter Township from any liability in connection with such use or disclosure.
- If I am hired by the Augusta Charter Township, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of Augusta Charter Township, as they are from time-to-time changed, with or without notice.
- If I am hired by the Augusta Charter Township, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that Augusta Charter Township can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Augusta Charter Township document or any verbal statements to the contrary. No one except Augusta Charter Township's Board of Trustee's can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above, must be approved by the Board of Trustee's, must be in writing and personally signed by the township legal agent (Supervisor) and myself.
- I agree not to commence any action or claim relating to my employment with Augusta Charter Township or this application for employment more than six months after the date of the challenged action or this application, and to waive any statute of limitations to the contrary.

Applicant's Signature _____

Date _____

Please return to:

Augusta Charter Township
8021 Talladay Rd.
Whittaker, Mi. 48190

