

Date of Application: \_\_\_\_\_

**BATH CHARTER TOWNSHIP  
APPLICATION FOR EMPLOYMENT**

Position Applied for: \_\_\_\_\_ | Date You Can Start: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Have you ever gone by any other name other than the one given above? Yes  No

If so, what other name was used? \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(Include State Abbreviation)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or older? Yes  No  | Type of Employment: Full-time  Part-time  Seasonal

Salary Desired: \_\_\_\_\_ | Are you lawfully entitled to be employed in the United States? Yes  No

Are there any hours/days of the week you cannot work? Yes  No  | If so, when? \_\_\_\_\_

Have you ever applied to this Township before? Yes  No  | If so, when? \_\_\_\_\_

Do you have US Military experience? Yes  No  | Branch: \_\_\_\_\_ | Rank: \_\_\_\_\_

Date Entered: \_\_\_\_\_ | Date Discharged: \_\_\_\_\_ | Honorable Discharge? Yes  No

Have you ever been convicted of a crime? Yes  No  Your response will be considered in the context of its job-relatedness only.

If so, please explain and give the date and location where the offense occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information such as special skills, training, experience, equipment operation or qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	<b>Name &amp; Address of School</b>	<b># of Years Attended</b>	<b>Did You Graduate?</b>	<b>Subject/Major</b>
<b>High School</b>				
<b>College</b>				
<b>Specialized Training</b>				

**CURRENT & MOST RECENT FORMER EMPLOYERS:**

Most recent former employer first.

<b>Date: Month/Year From - To</b>	<b>Name, Address &amp; Telephone of Employer</b>	<b>Salary: Starting / Ending</b>	<b>Last Position Held &amp; Responsibilities</b>	<b>Reason for Leaving</b>

**REFERENCES:**

Three individuals not related to you, whom you have known for at least one year.

<b>Name</b>	<b>Address &amp; Telephone</b>	<b>Relationship</b>	<b>Years Acquainted</b>

**EQUAL OPPORTUNITY EMPLOYMENT INFORMATION**

This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

**APPLICATION ACKNOWLEDGEMENT & AGREEMENT**

Please read the following and sign to indicate your understanding.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically exempted below,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, employees of the Township agree not to commence any action, claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Signature: \_\_\_\_\_ | Date: \_\_\_\_\_

\*Employers Specifically Exempted: \_\_\_\_\_

\_\_\_\_\_