

Bear Creek Township

APPLICATION FOR EMPLOYMENT

Bear Creek Township is an Equal Opportunity Employer

Bear Creek Township 373 North Division Rd. Petoskey, MI 49770 (231)347-0592 ext. 1

Fax (231)347-0736

Website BEARCREEKTOWNSHIPMI.GOV

It is the policy of Bear Creek Township to offer an equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age marital status, height, weight or disability.

PERSONAL						
Name (Last, First, Middle)						
Address (Street, City, State, Zip code)						
				How many years?		
Telephone	<u> </u>					
Previous Address Street, city, state, zip co	ode)					
				How many years?		
Specify any days or times you are not ava	re not available for work:					
specify any days of times you are not ave	madic for work.					
Position Applied For:	Salary F	ary Expectation: Date Available for work: Employment Status:				
Position Applied For.	\$	Full Time				
	7	Per			Part Time	
Have you ever been employed by Bear Cr	reek Township?	ship? Start Date			Date Left	
YesNo	•					
In What Department:		In what position:		Reason for leaving:		
Are you legally qualifie	d to work in the	United S	tates?	Yes	No	
MILITARY SERVICE	Dates of Service	e: From:		To:		
Service Br	Branch			Reserve Status		
Specialized training and duties:						

List your last three employer, most current first. Attach additional signed sheet if necessary. Also, list and explain any period(s) of unemployment. Please answer all inquires. 'See Resume' is not acceptable.

May we contact your current employer? Yes No

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Dates (month and Year)
From: To:
Telephone
Your Title & Salary
Dates (month and Year)
From: To:
Telephone
Your Title & Salary
Dates (month and Year) From: To:
Telephone
Your Title & Salary

If you answered yes to any of	d (other than discharged) by an emplo the previous questions, explain all suc c and any resolution below or on an at	h incidents, giving facts, dates,
Education: Total number of years of form	nal education from and including first a	grade
SCHOOL	LOCATION	DEGREE
High School		
Business School		_
College/University		_
Trade/Vocational School		
Professional Licenses, Registrati	ons and/or Certifications	
List all types of any licenses or ce	ertificates which have been issued to you (
Have you ever had any license or or put on probation?Yes _	r certification placed under investigation,No	disciplinary action, suspended, revoked
Have you ever been denied a lice	ense or certification?YesNo	
If you answered yes to either of treason for leaving.	the above questions, explain in detail on a	an attached signed statement your
Miscellaneous		

Do you have any felony charges pending against you?YesNo
Have you ever been convicted of/or pledged guilty or no contest to a crime (felony or misdemeanor)?YesNo
If so, explain the date, nature of the offense and circumstances on an attached, signed statement.
Are you 18 years of age or older?YesNo
Do you have any relatives employed by this employer?YesNo
If Yes: Name Relationship
Department
References – (Not related to you)
Name Address Telephone
1.
2.
3
I affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I understand and agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in discipline or dismissal if discovered later.
I authorize Bear Creek Township to investigate all statements contained in this application through all references and resources concerning me, including, but not limited to, school records, records of licensing or certification agencies, disciplinary records of any current or former employers, an/or law enforcement records. I authorize all such references and resources, and Bear Creek Township, to release this information without liability for giving it. I waive any written notice of the release of such records that may be required by state or federal law.
Should I receive a conditional offer of employment, I agree to submit to a physical medical examination, which may include a drug test. I authorize any physician or entity conducting such examination or test to release the results of such examination or test to Bear Creek Township.
I understand that if I have a protected disability that affects my ability to perform the essential functions of the job I seek; I may ask Bear Creek Township to make a reasonable accommodation for it. I must make my request in writing to the Bear Creek Township clerk as soon as possible and under the Michigan Persons with Disabilities Civil Rights Act, as amended, such notice must be given no late than 182 days after the date I know or reasonably should know that accommodations is needed.
I understand and agree that, if I am hired, my employment is at will and that it may be terminated, either by me of by Bear Creek Township, at any time, with or without notice or cause. It is with understanding of Bear Creek Township's right to make discharge decisions, that I will accept the employment offered to me.
Date Signature of Applicant