



PITTSFIELD CHARTER TOWNSHIP
APPLICATION FOR EMPLOYMENT
 (AN EQUAL OPPORTUNITY EMPLOYER)

Return to:
 Human Resources Department
 6201 W. Michigan Avenue
 Ann Arbor, MI 48108

Failure to complete application in its entirety may result in the rejection of your application.

INSTRUCTIONS:

Please print the requested information in the spaces provided below.

Date of Application: _____ Date available to begin work: _____

PERSONAL INFORMATION

| | | | |
|-----------------------|-------|--------|---------------------------------------|
| Last Name | First | Middle | Social Security Number |
| Street Address | | | Home Telephone Number () |
| City, State, Zip Code | | | Work Telephone Number () |
| E-mail Address | | | Alternate Telephone Number () |

Are you legally eligible for employment in the U.S.?* Yes ___ No ___

Police/Fire applicants only – Are you a U.S. citizen? Yes ___ No ___

Are you 18 years or older? Yes ___ No ___

If related to anyone in our employ, state name and relationship to you. _____

Have you ever been convicted of a crime? Yes (explain) ___ No ___
 (A criminal conviction record will not necessarily prohibit you from being employed.)

If YES, please list date, place and nature of offense.

Are there any felony charges presently pending against you? Yes (explain) ___ No ___

* Pittsfield 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: _____ _____ _____ _____ | DEPARTMENT(S): Accounting _____ Clerk's Office _____ Municipal Svcs. _____ Supervisor's Office _____ | Public Safety: Fire _____ Police _____ Assessing _____ Building _____ Human Resources _____ Parks & Rec. _____ Planning _____ Treasurer's Office _____ Utilities _____ |
| PAY/SALARY DESIRED: _____ | | |
| Kind of work sought? Full Time _____ Part Time _____ Seasonal _____ Other _____ | | |
| If part time or seasonal, please specify days, hours or time of year sought: _____ | | |
| Have you ever worked for another governmental entity? Yes _____ No _____ | | |
| If YES, reason for leaving: _____ _____ | | |

EDUCATION

Applicants for certain positions may be required to provide transcripts.

| Education | Name and Location of School | No. of Years Completed | Course of Study | Degree(s) Earned |
|--------------------------------------|-----------------------------|------------------------|-----------------|------------------|
| High School | | | | |
| College/University | | | | |
| Vocational/Trade/ Graduate School | | | | |

As related to the position applied for, what language(s), other than English do you speak, read, and/or write? (Please check).

| | |
|----------|--|
| | () () () |
| Language | Speak Read Write Level of Fluency |
| | () () () |
| Language | Speak Read Write Level of Fluency |

GENERAL

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

Although a valid Michigan driver's license is required for many Pittsfield Charter Township jobs, exceptions are made for certain non-driving jobs if the applicant, who is otherwise qualified for a position for which he/she applies, is unable to obtain a license because of a physical or mental disability.

Type of license: Operator's License ____ Chauffeur's License ____ Commercial Driver's License (CDL) ____

License number: _____

Endorsements: _____ Expiration Date: _____ Current Number of Points: _____

(A license check will be conducted for applicants for positions requiring a current driver's license.)

Police Applicants Only (provide copies):

Are you certified or have you completed the Michigan Commission on Law Enforcement Standards (MCOLES) basic police training to be a certified law enforcement officer in the State of Michigan?

Written Yes ____ No ____ Date Completed _____

Physical Yes ____ No ____ Date Completed _____

Have you completed a MCOLES approved police academy?

Name of Academy _____ Date Completed _____

Out-of-State Applicants (provide copies):

Have you completed the MCOLES waiver of training program? Yes ____ No ____ Date Completed _____

U.S. Military Service:

Branch of Service _____ From _____ To _____

Rank or Rating _____ Type of Discharge _____

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 ____

EMPLOYMENT HISTORY (CONTINUED)

| | |
|--|---|
| <p>We may contact the employers listed on the previous page and any attached sheets unless you indicate those you do not want us to contact.</p> | <p>DO NOT CONTACT</p> <p>Employer Number(s) _____ Reason _____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

REFERENCES

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

| Name | Address | Telephone | Occupation | Years Known |
|------|---------|-----------|------------|-------------|
| | | | | |
| | | | | |
| | | | | |

PHYSICAL RECORD

| | | | |
|---|---------|------------------|------------------|
| <p>In case of emergency, notify:</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Name</td> <td style="width: 33%; border: none;">Address</td> <td style="width: 33%; border: none;">Telephone Number</td> </tr> </table> <hr/> <p>Medical Examinations. In accordance with applicable legal requirements, Pittsfield Charter Township may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.</p> <hr/> <p>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 Pittsfield 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 for communicating the results to the 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 the Township may be immediately terminated.</p> <p style="text-align: right; margin-right: 50px;">Applicant's Signature _____</p> | Name | Address | Telephone Number |
| Name | Address | Telephone Number | |

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 Pittsfield 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 Pittsfield Charter Township to verify the answers and information given by me in this application and to make any investigation on my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Township to release to the Township any information they have regarding me without providing written notice to me.
- I authorize Pittsfield 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 the Township from any liability in connection with such use or disclosure.
- If I am hired by Pittsfield 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 the Township, as they are from time-to-time changed, with or without notice.
- If I am hired by Pittsfield 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, except as set forth in any collective bargaining agreement, the 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 Township document or any verbal statements to the contrary. No one except the Township Supervisor 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 in writing and personally signed by the Township Supervisor, and be attested by the Township Clerk.
- I agree not to commence any action or claim relating to my employment with Pittsfield Charter Township or this application for employment more than six (6) 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 _____

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