

STRONACH TOWNSHIP FIRE DEPARTMENT

Application for Employment

(Please Print)

I. General Information

Date: _____ Social Security No: _____

Name: _____
Last First Middle

Telephone No. _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Position Desired _____ Pay Desired: _____

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes No

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application. _____

If Under 18 State your age _____ Date of Birth: _____

Have you filed an application here before? Yes No If yes, give the date: _____

Have you ever been employed here before? Yes No If yes give the date: _____

Are any of your relatives current or former employees of Stronach Township? Yes No

Are you employed now? Yes No If so, may we contact your employer? Yes No

On what date would you be available for work? _____

Are you available to work full time? Yes No Part time? Yes No

Are you on a lay-off and subject to recall? Yes No

Have you ever been convicted of a crime or are there any felony charges pending against you? * Yes No If yes, please explain. _____

* A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? Yes No

Please describe the accommodation you believe is needed, if any. _____

If you served in the U.S. Armed Forces, please indicate:

Branch of Service: _____ Rank at discharge: _____

Date of discharge: _____ Dishonorable discharge? Yes No

Describe your duties and any special training. _____

In case of an emergency, we should notify:

Name _____ Address _____ Phone No. _____

11. Reference

Give the name of three persons not related to you, who you have known at least one year.

| Name | Address & Phone | Employer & Title | Years Acquainted |
|------|-----------------|------------------|------------------|
| | | | |
| | | | |
| | | | |

111. Education

| | Name & Location of School | Major Subjects Studied | Years attended (for verification purposes only) | Graduated? Yes or No | Degree, Diploma or Certificate & Year Obtained |
|--------------------|---------------------------|------------------------|---|----------------------|--|
| High School | | | | | |
| Technical Training | | | | | |
| College | | | | | |
| Other | | | | | |

** The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

IV. Employment History

Start with present and also list all previous employment. (Use separate sheet if necessary.)

Start with recent employment and work back.

| Dates (Month and Year) | Employer's Name Address & Phone Number | Supervisor's Name & Title | Positions | Salary (Starting & Ending) |
|---------------------------|--|------------------------------|-----------|----------------------------------|
| From | | | | |
| To | | | | ----- |
| Reason for Leaving | | | | |
| From | | | | |
| To | | | | ----- |
| Reason for Leaving | | | | |
| From | | | | |
| To | | | | ----- |
| Reason for Leaving | | | | |
| From | | | | |
| To | | | | ----- |
| Reason for Leaving | | | | |
| From | | | | |
| To | | | | ----- |
| Reason for Leaving | | | | |

May we contact the employers listed above? Yes No

If not, indicate which one (s) you do not wish us to contact: _____

V. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Stronach Township.

Office Skills: Typing (wpm)_____ PC software you can operate:_____

Authorization and Understanding

I certify' that the information given in the application and related documentation is true and complete without qualification. I understand that Stronach Township may investigate my work and personal history and verify all data given on this Application, on related paper, and in interviews, and I authorize Stronach Township to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Stronach Township is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by Stronach Township.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Stronach Township and can be terminated, with or without notice or cause, at any time at the option of either Stronach Township or myself. I further understand and agree that no manager, representative, agent or employee of Stronach Township other than its Board or designee, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and by the Board or its designee of Stronach Township in order to be effective.

Furthermore, I agree that if I become employed by Stronach Township, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Township or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the Township's discretion and expense.

Applicant's Signature: _____

Date: _____

Please Read

This application will only be considered for a one-year period after its receipt by Stronach Township. Should you wish to be considered again after the expiration of this period, you must reapply.

Stronach Township is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan handicappers' Civil Rights Act and the federal Americans with Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan Law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Hired: _____ Position: _____ Will Report: _____ Wage/Salary: _____

Approved by: _____ Date: _____

STRONACH TOWNSHIP

2471 Main Street RR3
Manistee, Michigan 49660

NOTICE****

**ALL MATERIALS SUBMITTED ON OR WITH YOUR APPLICATION ARE
SUBJECT TO THE FREEDOM OF INFORMATION ACT**

STRONACH TOWNSHIP

2471 Main Street RR3
Manistee, Michigan 49660

AUTHORITY FOR RELEASE OF INFORMATION

I, _____ born in: _____
(full name:) (town)
_____ on: _____
(State:) (Date of Birth:)

having filed an application for employment with the Stronach Township Fire Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Stronach Township Fire Department, any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Stronach Township Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Further, I authorize any and all hospitals, clinics, doctors or others having control of any of my medical records, including laboratory reports, x-rays, etc. to release them or copies of them, to the Stronach Township Fire Department.

Specifically, I hereby authorize the release of the following data or records to the Stronach Township Fire Department: (list below)

CRIMINAL RECORD

I hereby release, discharge and exonerate the Stronach Fire Department, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigation made by or on behalf of the Stronach Township Fire Department.

This authority shall continue until revoked in writing by the undersigned.

(date)

(signature)

(witness)

(witness signature)

Stronach Township
2471 Main Street RR3
Manistee, Michigan 49660

AUTHORITY FOR RELEASE OF INFORMATION

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(full name:) (town:)
_____ On: _____
(State) (Date of Birth:)

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I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Stronach Township Fire Department, any such information, including documents, records, files regarding

charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Stronach Township Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Further, I authorize any and all hospitals, clinics, doctors or others having control of any of my medical records, including laboratory reports, x-rays, etc. to release them or copies of them, to the Stronach Township Fire Department.

Specifically, I hereby authorize the release of the following data or records to the Stronach Township Fire Department: (list below)

DRIVING RECORD

I hereby release, discharge and exonerate the Stronach Township Fire Department, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigation made by or on behalf of the Stronach Township Fire Department.

This authority shall continue until revoked in writing by the undersigned.

(date)

(signature)

(witness printed name)

(witness signature)