



**ALPINE TOWNSHIP  
EMPLOYMENT APPLICATION**

Alpine Township  
5255 Alpine NW  
Comstock Park, MI 49321  
Phone: (616) 784-1262  
Fax: (616) 784-1234

Notice to Applicants: It is our policy to offer equal opportunity to all based upon individual merit without regard to race, color, religion, national origin, sex, age, marital status, height, weight, or nondisqualifying disability. Under certain circumstances, Alpine Township may have a duty to accommodate qualified disabled individuals. Under Michigan law, if you need an accommodation, you must notify our office in writing within 182 days after you knew or reasonably should have known of the need for an accommodation.

In order to provide a pleasant, safe, and productive workplace, we do not condone harassment relating to a person's race, color, religion, sex, national origin, height, weight, age, or disability. We prohibit the use, distribution, sale, or possession of alcoholic beverages, drugs, and controlled substances (except for the use of legitimately prescribed medication pursuant to a physician's order) while at work or on our premises. We prohibit reporting to work under the influence of alcoholic beverages, drugs, or controlled substances.

**Please complete the entire application (except the portion labeled "Office Use Only")  
Incomplete and/or unsigned applications will not be processed**

Today's Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Previous address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this address: \_\_\_\_\_

Are you 18 years or older?      YES      NO      Are you a U.S. citizen?      YES      NO

If not, are you authorized to work      YES      NO  
in the U.S.?

*At hire, you must provide information for compliance with the  
Immigration Reform & Control Act.*

Have you ever worked under or gone by any other name (not including a      YES      NO  
previous name that has been legally changed)? If yes, please provide:

\_\_\_\_\_

Email Address \_\_\_\_\_

Have you submitted an application here before? If yes, give dates and positions. \_\_\_\_\_ YES NO

Have you ever been employed here before? If yes, give dates and positions. \_\_\_\_\_ YES NO

Are you legally authorized to work in the United States? YES NO

Are there any hours, shifts, or days that you cannot or will not work? YES NO

If YES, explain: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

What is your wage expectation? \_\_\_\_\_

Do you have a reliable form of transportation to and from work? YES NO

Are you willing to work overtime as required: YES NO

Type of employment desired: Full-Time Part-Time Temporary Other: \_\_\_\_\_

Have you ever been in the military service? YES NO

If yes, which branch? \_\_\_\_\_

Were you honorably discharged? YES NO

Have you ever been convicted of a crime? YES NO

Are any felony charges pending against you? YES NO

*You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied or there is a legitimate safety concern due to the nature of the employer's business.*

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Have you ever been suspended or discharged from employment? YES NO

If yes, explain: \_\_\_\_\_

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<u>School</u>	<u>Name/Address</u>	<u>Graduate?</u>	<u>Degree/Diploma</u>
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____

Other Training \_\_\_\_\_

**Please indicate if you have any other licenses, skills, or experience relevant to the job you are applying for:**

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**List all work/volunteer experience (list present/most recent position first)**—Please do not use statement “See Resume”

1) Employer Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: (Starting) \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Check References? YES NO  
Your duties and responsibilities: \_\_\_\_\_

2) Employer Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: (Starting) \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Check References? YES NO  
Your duties and responsibilities: \_\_\_\_\_

3) Employer Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Employment Dates (Mo./Yr.) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: (Starting) \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Check References? YES NO  
Your duties and responsibilities: \_\_\_\_\_

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**List name, address, and telephone number of references**

1) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

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**CERTIFICATION:** I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this Application or during the pre-hire process will be sufficient reason for my not being offered employment with Alpine Township or dismissal at any time from Alpine Township.

I authorize all third parties to provide Alpine Township with any information regarding my former employment and personal background, and I release all parties from any liability which may result from furnishing such information. In this regard, I agree to permit Alpine Township to conduct any background investigative procedures, including credit, reference, educational, and criminal checks, it deems appropriate. I understand and agree that my employment may be subject to my passing a drug test.

*I also understand and agree that my employment and compensation is for no definite period of time and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Alpine Township with or without cause or notice.* Neither the receipt and processing of this application nor a subsequent offer of employment will constitute an agreement or contract for employment for any specified period or definite duration. I acknowledge that no Alpine Township representative has either the power or authority to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Supervisor of Alpine Township.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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

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**(Do not write below this line)  
OFFICE USE ONLY**

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
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