

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	d:		Date Available:	:	
Name (Last):		(Fir	st):		(M):	
Address:						
City		_ State:		Zip:		
How long have you lived at this a	address:			Telephone #: _		
Previous address:						
City		_ State:		Zip:		
How long did you live at this add	ress:					
Are you 18 years or older?	YES	NO	Are you a U.S. citize	n?	YES	NO
			If not, are you author in the U.S.? At hire, you must provide Immigration Reform & C	information for co	YES mpliance with	NO the
Have you ever worked under or go previous name that has been lega	lly changed)? If	,	<u> </u>	NO		
Email Address						

NO NO
NO
Other:
ne offense is related to the job for ee of the employer's business.
ate? <u>Degree/Diploma</u>

O	ther Training			
Ple	ase indicate if you have any other lic	enses, skills, or	experience relevant to the job yo	u are applying for:
	t all work/volunteer experience (list p		-	
1)	Employer Name:		Position Title:	
	Address:		Telephone #:	
	Employment Dates (Mo./Yr.)	to	Rate of Pay: (Starting)	Ending
	Reason for Leaving:			
	Supervisor:		Check References? Y	TES NO
	Your duties and responsibilities:			
2)	Employer Name:			
	Address:		Telephone #:	
	Employment Dates (Mo./Yr.)	to	Rate of Pay: (Starting)	Ending
	Reason for Leaving:			
	Supervisor:		Check References? Y	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:			

List name, address, and telephone nu	umber of references
1) Name:	Telephone #:
Address:	
2) Name:	Telephone #:
Address:	
3) Name:	Telephone #:
Address:	
understand and agree that any falsifica	of the information furnished on this Application is true, complete and correct. I ation, misrepresentation, misleading statement or omission of fact on either this cess will be sufficient reason for my not being offered employment with Alpine n Alpine Township.
personal background, and I release all this regard, I agree to permit Alpine T	Alpine Township with any information regarding my former employment and parties from any liability which may result from furnishing such information. In Township to conduct any background investigative procedures, including credit, tecks, it deems appropriate. I understand and agree that my employment may be
regardless of the time and manner of p Township with or without cause or not of employment will constitute an agree acknowledge that no Alpine Township	y employment and compensation is for no definite period of time and may, payment of my wages and salary, be terminated at any time by me or the Alpine sice. Neither the receipt and processing of this application nor a subsequent offer ement or contract for employment for any specified period or definite duration. It is representative has either the power or authority to make any representations or going, unless that agreement is in writing and signed by the Supervisor of Alpine
	will be required to provide proof of identity and legal authority to work in the tion laws require me to complete an I-9 Form in this regard.
Signature:	Date
	(Do not write below this line) OFFICE USE ONLY
Interviewed by:	Date

Remarks:			