Village of Fowlerville

Application for Employment

213 South Grand Avenue + Fowlerville, Michigan 48836 (517) 223-3771

Name (Last)	(First)	(Middle)			Social Security Number
Address (Street)	(City)	(State)	(Zip)		Home Telephone Number
Are you at least 17 years old?	Day	time Telephone N	umber: ()	
Type of position desired:	Date	Date available for work:			Salary Expected: \$
Do you have a valid Michigan D	river's License?	Licen	se Number:	1	

Education

High School/College (List last attended first)	Address	Years Attended/Course Studied	Degree Received
Mili	tary Service	From	То
Additional Skills/Train	ing/Licenses Not Listed Above	From	То

The Village of Fowlerville is committed to EOE in all our personnel practices and prohibits discrimination on grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. Information provided by you on this application form, will be used solely for purposes of assessing your qualifications for potential employment.

Employment History

Provide the following information for your current and past employers, assignments or volunteer activities, starting with the most recent. (Use additional sheets if necessary.) Explain any gaps in employment in the comments section below.

Employer	Address (Street)	(City)	(State)	(Zip)
Supervisor's Name & Title	Your Position		Work Phone Number (_)	
Employment Dates From: To:	Reason for Leaving			
Describe Your Duties:				

Employer	Address (Street)	(City)	(State)	(Zip)
Supervisor's Name & Title	Your Position		Work Phone	Number
Employment Dates From: To:	Reason for Leaving		()	
Describe Your Duties:				

Employer	Address (Street)	(City)	(State)	(Zip)
Supervisor's Name & Title	Your Position		Work Phone Number (_)	
Employment Dates From: To:	Reason for Leaving			
Describe Your Duties:				

Employer	Address (Street)	(City)	(State)	(Zip)
Supervisor's Name & Title	Your Position		Work Phone ?	Number
Employment Dates From: To:	Reason for Leaving			
Describe Your Duties:				

Comments (Including explanation of any employment gaps):

References

Give the names of at least three business/work references, who are not related to you and previous supervisors whom we may contact. If not applicable, list three school or personal references who are not related to you.

Name	Address (Street)	(City)	(State)	(Zip)
Occupation	Daytime Phone Number	Relations	ship & Years Known	
Name	Address (Street)	(City)	(State)	(Zip)
Occupation	Daytime Phone Number ()	Relations	ship & Years Known	
Name	Address (Street)	(City)	(State)	(Zip)
Occupation	Daytime Phone Number ()	Relations	ship & Years Known	

Additional Information

Organization	Offices Held

List any additional information you would like us to consider:

Have you ever been convicted of a crime? If so, when, where and nature of offense? Convictions will not necessarily disqualify you from employment but will be considered in relation to the position for which you are applying.

Are there any felony charges pending against you? If yes, please explain.

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for denying employment or immediate discharge from the employer's service, whenever it is discovered.

I understand it is the Village of Fowlerville's policy to adhere to all provisions of the ADA and the Rehabilitation Act of 1973.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant	Date	/ /	
Signature of Applicant	Date	/ /	

Authorization and Understanding

Upon the signing of the *Authorization and Understanding*, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, training, credentials, driver's license, and criminal history with the appropriate individuals, companies, institutions, or agencies. I authorize them to release such information as you require, including my prior disciplinary employment record. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures.

I agree that any false information in support of my application may subject me to dismissal at any time during the period of my employment.

In the event of an offer of employment, I understand that I may be required to take a drug screen test.

In the event of employment, I agree I shall be bound by the rules, policies, and regulations of the Village of Fowlerville, Livingston County, and the State of Michigan.

In the event of employment, I authorize the Village of Fowlerville to release such information as a prospective employer may require, including my prior disciplinary employment record. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures.

Signature Date

APPLICANT BACKGROUND INVESTIGATION WAIVER

To Whom It May Concern:

I authorize the Village of Fowlerville to investigate my personal history, character, educational and training records, employment records, driving record and police records, as they may be relevant to determine my suitability for employment as a Village of Fowlerville employee. I understand that such an investigation may also include a credit history check, driving record check, and criminal history check. I also authorize them to contact all references, former employers, educational institutions, and any other persons to obtain this information about me. In addition, I authorize you to release this information to them for the purpose of determining my suitability for the above stated employment or position. Please include any and all of the described information that you have available including information of a confidential or privileged nature, and photocopies of the same if requested.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees and the Village of Fowlerville, its police officers and other employees and agents, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I further stipulate that a photocopy of this waiver, when presented, holds the same validity as the originals which remains on file with the Village of Fowlerville.

Applicant's Signature	Date
Applicant's Printed Name	Date of Birth
Social Security Number	Driver's License Number

STATE OF MICHIGAN COUNTY OF LIVINGSTON

On this ______ day of ______, 20____, before me personally appeared and he/she signed the above and stated that the signatures therein are true.

Notary Public

Date Commission Expires

Notice to the Applicant: The job for which you are being considered may require that we obtain a credit, consumer and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record or and/or a criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. Further information on the nature and scope of such reports will be made available to you within 5 days of when you make a written request. If any of these reports is a factor in or the basis of an adverse employment decision, we will provide you with a copy of the report as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

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