



Tyrone Township

10408 Center Road ♦ Fenton, MI 48430

(810) 629-8631 ♦ fax (810) 629-0047

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. Persons with a disability or handicap needing accommodations to perform the essential duties of the job must disclose that in writing with this application. The Township may require medical documentation.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Are you 18 or older? Yes No

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Education

	School Name & Address	Year Graduated	Major	Degree
High School				
College				
College				
Post-College				
Other Training				

Do you have US Military Experience? Yes No Number of Years Served ____
Branch _____ Rank _____ Date Discharged _____ Honorably? Yes No

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Please read the following statement before signing to indicate your understanding and attach any additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The Township is hereby authorized to make any investigations of my background, prior educational, and employment history.

I understand that employment at the Township is "at will," which means that either I or the Township can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that no supervisor, manager, or executive of the Township, other than the Board of Trustees, has any authority to alter the foregoing.

As a condition of employment, employees of the Township agree not to commence any action or claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Signature _____ Date _____