

# Application for Employment

Springfield Township  
12000 Davisburg Road  
Davisburg, MI 48350



SPRINGFIELD  
CHARTER TOWNSHIP

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### PLEASE PRINT OR TYPE

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

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

Length of time at this address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you applied with Springfield Township before? \_\_\_\_\_ If so when: \_\_\_\_\_

When can you start: \_\_\_\_\_

Are you employed now?: \_\_\_\_\_ May we contact your employer?: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Commercial (CDLWP endorsement passenger)

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

List any relatives who are Board Members, Commission Members, Appointees or Employees of the Township and your relationship to them: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, when, where and nature of offense: \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? \_\_\_\_\_

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

**MILITARY SERVICE RECORD**

Were you in the United States Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Rank/Type at Discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Are you in the reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date obligation ends: \_\_\_\_\_

	<b>High School or Equivalent</b>	<b>College or University</b>	<b>Other</b>
<b>Name of School</b>			
<b>Circle Highest Years Completed:</b>	8 9 10 11 12	1 2 3 4	1 2 3 4
<b>Degree Received:</b>	N/A		
<b>Describe Course Of Study:</b>	Diploma		

School Activities, Honors or Accomplishments:

Apprenticeship(s), Specialized Training, Skills:

Licenses, Certifications, Etc.:

**TRAINING AND EXPERIENCE**

Computer knowledge (include software): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment or Machines: \_\_\_\_\_  
Other: \_\_\_\_\_

Are there any other experiences, skills or qualifications, which you feel would especially qualify you for your work with Springfield Township? (Applicants are invited to submit resumes or other pertinent information in written form.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PAST AND PRESENT EMPLOYMENT**

*List below your present and past employment, beginning with your most recent employer. This section must be completed even if a resume is attached.*

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employment Dates: FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Hourly/Monthly/Yearly  
Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employment Dates: FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hourly/Monthly/Yearly

Describe the work you did: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employment Dates: FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Last Salary: \_\_\_\_\_ Hourly/Monthly/Yearly

Describe the work you did: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:** Please list below the names of three people that are not related to you and who have knowledge of your experience and qualifications for the position.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that upon being offered employment, I may be requested to take an employment-related physical examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation. Michigan law requires a person with a disability or handicap that requires an accommodation to perform the essential job duties to notify the employer in writing within 182 days of the date the need is known or should have been known.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted below,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, employees of the Township agree not to commence any action, 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.

Springfield Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state, federal and/or local law.

Lastly, by signing below, I am indicating that I am capable, with or without or an accommodation, of meeting the physical, mental, and other requirements of the position for which I am applying. Additionally, I attest that I am not restricted from or incapable of performing the duties of the position, based on a current or prior employment agreement, schedule restriction, legal or court order, or for any other reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Date

\*Employers specifically excepted: \_\_\_\_\_