



5851 Mackinaw Road  
 Saginaw, MI 48604  
 KochvilleTownship.com

### APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Township Clerk or Manager.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Social Security (last four #'s)xxx-xx-\_\_\_\_\_

*Last First Middle*

Address \_\_\_\_\_

*Street City State ZIP*

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

address \_\_\_\_\_

Referral Sources (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you been employed by Kochville Township before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and position(s): \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran of the U.S. Military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, branch of service and rank: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you available to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License # (if driving may be required for the job for which you are applying): \_\_\_\_\_

State \_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please provide the date(s) and details: \_\_\_\_\_

**EDUCATION AND TRAINING – Submit proof of degree or certification for all relevant post-secondary studies.**

**High School**

Name of School and Location (City, State)	Did you graduate? Yes____ No____ If no: GED?_____ Are you in high school now? _____
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**Vocational / Technical Training**

Name of School and Location (City, State)	Course of Study or Certification	Did you graduate? Yes____ No____ Number of weeks attended_____ Number of hours/week_____
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**Undergraduate (Including Community Colleges)**

Name of School and Location (City, State)	Course of Study (Major)	Did you graduate? Yes____ No____ Degree:_____ Other Information_____
Name of School and Location (City, State)	Course of Study (Major)	Did you graduate? Yes____ No____ Degree_____ Other Information_____

**Graduate**

Name of School and Location (City, State)	Course of Study (Major)	Did you graduate? Yes____ No____ Degree:_____ Other Information_____
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<b>Other skills, licenses or registrations:</b>
<b>Other training received:</b>

**EMPLOYMENT HISTORY** *(Start with most recent employment, moving chronologically backward)*

Employer:\_\_\_\_\_ Location:\_\_\_\_\_ Position:\_\_\_\_\_

Average Hours/Week:\_\_\_\_\_ Rate of Pay:\_\_\_\_\_ Start / End Dates:\_\_\_\_\_

Supervisor name/contact info:\_\_\_\_\_

Describe what you do / did with this employer:\_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Average Hours/Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start / End Dates: \_\_\_\_\_

Supervisor name/contact info: \_\_\_\_\_

Describe what you do / did with this employer: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Average Hours/Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start / End Dates: \_\_\_\_\_

Supervisor name/contact info: \_\_\_\_\_

Describe what you do / did with this employer: \_\_\_\_\_

**Additional Information (i.e. work schedule availability, special skills, relevant military or volunteer experience):**

**ATTENTION – THIS STATEMENT MUST BE SIGNED**

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by Kochville Township. All of the statements provided by me in this Employment Application are subject to investigation by Kochville Township. I understand that a false answer to any question in this application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by Kochville Township. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the Township Manager or Township Supervisor.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the Township arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the Township in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

**APPLICANT SIGNATURE** (sign in ink) \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_