

Charter Township of Madison

Job Application

3804 S. Adrian Hwy
 Adrian, MI 49221
 Phone: 517-263-9313

Date _____ Position Applied For _____

Personal Information - Please print legible in ink					
Last	First	MI	SSN#		
Street Address	City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Date of Birth
Have you been convicted of a misdemeanor or felony, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		
Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Last Rank Held	Date Entered	Date Discharged	Specialized Training?
Drivers License Number/State of Issuance/Expiration Date:			Has your drivers license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected Hourly Rate	Date Available	Email Address			
Have you ever applied or worked for the Township before? If so, when?			Do you know anyone who currently works for the Township? If so, who? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Prior Work Experience						
	Current or Most Recent Job		Prior Job		Prior Job	
Employer						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment						
	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>
Position/Job Title						
Pay						
Reason for Leaving						
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Education							
	Name/Location	Last Year Complete				Degree	Major/Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School/Specialty School							
Other							
List any applicable special skills, training or proficiencies.							

Employment References			
	Work Reference 1	Work Reference 2	Work Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			
Relationship (Supervisor, Coworker, Etc.)			

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY, BEFORE SIGNING, TO INDICATE YOUR UNDERSTANDING

I understand that any offered employment is contingent upon successful completion of all portions of the pre-employment process; that includes a pre-employment medical examination and drug test, a criminal and driving background check, and proof of high school or GED graduation and a background investigation. I understand that it is the policy of this Department to secure criminal conviction history as of the pre-employment screening process, and I authorize the Department to use the information provided in this application to obtain a criminal conviction history file search from any law enforcement or judicial record keeping organization necessary. I further consent to the release of information to this Department regarding any of any and all statements contained in this application for the purpose of employment. I release the listed references, all employer(s) past and present (except those specifically indicated) to provide the Department with any and all applicable information that they may have, including opinions to character. I hereby release the list of references, current and former employers, and the Department of all liability resulting from release and possible use of the information provided. In the event that you have a disability that you would need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this Department. I certify that the facts contained in this application are true and complete and I understand that, if employed, falsified statements may result in immediate termination. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of wages and salary, and can be terminated with or without cause, at any time, with or without notice, unless covered by a recognized collective bargaining agreement.

<i>The Charter Township of Madison is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by any state and/or federal law. Michigan law requires that a person with a disability or handicap, requiring special accommodations to perform the essential duties of the job applied for, must notify the employer, in writing within 182 days of the date that the need is known or should have been known.</i>	Signature of Applicant	Date