

**EMPLOYMENT APPLICATION**

**CIVIL SERVICE COMMISSION**

CHARTER TOWNSHIP OF WHITE LAKE  
7525 HIGHLAND ROAD  
WHITE LAKE, MICHIGAN 48383

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers' civil rights. Under the Michigan Handicapper's Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notified the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

All portions of the application must be completed with the information requested. Failure to complete application, provide all requested information, or to provide proof of prerequisites will be grounds for disqualification.

**PRINT IN BLACK INK OR TYPE**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS:

\_\_\_\_\_ No. Street City State Zip

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ADDRESS #2 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Area code & home number Area code & work number

DATES OF ABOVE RESIDENCE: \_\_\_\_\_  
From To

DRIVER'S LICENSE NO.: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
No. Street City State Zip

U.S. CITIZEN? YES \_\_\_ NO \_\_\_

HIGH SCHOOL GRADUATE? YES \_\_\_ NO \_\_\_

WILL YOU SUBMIT TO A DRUG SCREENING TEST? YES \_\_\_ NO \_\_\_

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES \_\_\_ NO \_\_\_

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED A TRAFFIC CITATION? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES \_\_\_ NO \_\_\_

DATE ENTERED: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ RANK UPON DISCHARGE: \_\_\_\_\_

JOB CLASSIFICATION IN SERVICE & TRAINING:

**EDUCATIONAL BACKGROUND - COMPLETE**

SCHOOL	NAME & ADDRESS	DATES	MAJOR	GRADE AVR. DEGREE
GRADE SCHOOL				
MIDDLE SCHOOL				
HIGH SCHOOL				

TECHNICAL SCHOOL				
COLLEGE				
BUSINESS SCHOOL				
MILITARY				

**EMPLOYMENT HISTORY**

LIST BELOW YOUR EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. IF ADDITIONAL SPACE IS REQUIRED. LIST ON A SEPARATE SHEET AND ATTACH TO APPLICATION. PLEASE COMPLETE IN DETAIL.

1. EMPLOYER. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

No. Street City State Zip  
TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_

WAGES:\$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

No. Street City State Zip  
TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_

WAGES:\$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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3. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

                  No.      Street                  City                  State                  Zip  
TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_

WAGES:\$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**CHARACTER REFERENCES**  
(EXCLUDING RELATIVES AND FORMER EMPLOYERS)

1. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
Relationship City, State, Zip Code  
\_\_\_\_\_  
Occupation Telephone Number

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2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Relationship City, State, Zip Code  
\_\_\_\_\_  
Occupation Telephone Number

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3. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Relationship City, State, Zip Code  
\_\_\_\_\_  
Occupation Phone Number

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THE INFORMATION FURNISHED ON THIS APPLICATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WHITE LAKE TOWNSHIP TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THIS ORGANIZATION AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. I UNDERSTAND THAT MY FURNISHING OF ANY FALSE INFORMATION ON THIS OR ANY TOWNSHIP RECORD IS REASON FOR DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR CAUSE FOR TERMINATION IF I AM EMPLOYED. I AGREE TO HOLD THE CHIEF OF POLICE, FIRE CHIEF, THE TOWNSHIP BOARD, TOWNSHIP OFFICIALS AND THE CIVIL SERVICE COMMISSION AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE WHITE LAKE TOWNSHIP CIVIL SERVICE COMMISSION IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Charter Township of White Lake bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, employment history, disciplinary action, medical or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Charter Township of White Lake. Consent is granted for the Charter Township of White Lake to furnish such information as is described above, to third parties in the course of the Charter Township of White Lake fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associate because of compliance with this

authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicate below.

FULL NAME (PRINT OR TYPE) \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
CURRENT ADDRESS:      NUMBERS      STREET NAME      CITY      STATE      ZIP

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

Authority: Act 78 of P.A. of 1935  
Act 155 of P.A. Of 1986

Completion; voluntary Rev. 8/97

**AGREEMENT AND UNDERSTANDING**

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. I authorize the Township of White Lake to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodation for employment, I must notify the Township of White Lake in writing within 182 day after the need is known or reasonably should have been known to me. Failure to properly notify the Township will preclude any claim that the employer failed to accommodate the handicapper.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date