

APPLICATION FOR EMPLOYMENT

Charter Township of Ironwood
N10892 Lake Road, Ironwood, MI 49938
(906) 932-5800
Fax (906) 932-5089

The Charter Township of Ironwood does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services, programs or activities.

PERSONAL INFORMATION:

| | |
|--------------------------------|-----------------------------|
| NAME | SOCIAL SECURITY NO. |
| STREET | HOME TELEPHONE NO. |
| CITY | DRIVERS LICENSE NO. |
| STATE ZIP | CELL PHONE OR DAY PHONE NO. |

EDUCATION:

FROM TO

DEGREE/MAJOR

| |
|-------------|
| HIGH SCHOOL |
| COLLEGE |
| OTHER |

SPECIAL SKILLS OR TRAINING:

| |
|--|
| |
| |
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| |

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)

| | |
|--|---|
| FROM TO JOB TITLE | EMPLOYER AND ADDRESS |
| DUTIES | NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES |
| REASON FOR LEAVING | |
| MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

EMPLOYMENT HISTORY (CONTINUED)

| | | |
|--|----|---|
| FROM JOB TITLE | TO | EMPLOYER AND ADDRESS |
| DUTIES | | NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES |
| REASON FOR LEAVING | | |
| MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | | |
|--|----|---|
| FROM JOB TITLE | TO | EMPLOYER AND ADDRESS |
| DUTIES | | NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES |
| REASON FOR LEAVING | | |
| MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | | |
|--|----|---|
| FROM JOB TITLE | TO | EMPLOYER AND ADDRESS |
| DUTIES | | NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES |
| REASON FOR LEAVING | | |
| MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | | |
|--|----|---|
| FROM JOB TITLE | TO | EMPLOYER AND ADDRESS |
| DUTIES | | NAME OF SUPERVISOR AND TELEPHONE ANNUAL SALARY/WAGES |
| REASON FOR LEAVING | | |
| MAY WE CONTACT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

MILITARY SERVICE

| BRANCH OF SERVICE | MO/YR SERVED FROM TO | ACTIVE DUTY OR RESERVE? | HIGHEST GRADE | SKILL SPECIALTY OR PRIMARY DUTY |
|---|----------------------|-------------------------|---------------|---------------------------------|
| | | | | |
| | | | | |
| LIST SPECIAL SCHOOLS ATTENDED/SKILLS ACQUIRED DURING MILITARY SERVICE | | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCES (AVOID USING MEMBERS OF THE CLERGY)

| | |
|---------------------------|-----------|
| NAME | ADDRESS |
| POSITION/TITLE/PROFESSION | TELEPHONE |

APPROXIMATELY HOW MANY YEARS HAS THIS INDIVIDUAL KNOWN YOU?

| | |
|---------------------------|-----------|
| NAME | ADDRESS |
| POSITION/TITLE/PROFESSION | TELEPHONE |

APPROXIMATELY HOW MANY YEARS HAS THIS INDIVIDUAL KNOWN YOU?

| | |
|---------------------------|-----------|
| NAME | ADDRESS |
| POSITION/TITLE/PROFESSION | TELEPHONE |

APPROXIMATELY HOW MANY YEARS HAS THIS INDIVIDUAL KNOWN YOU?

| | |
|---------------------------|-----------|
| NAME | ADDRESS |
| POSITION/TITLE/PROFESSION | TELEPHONE |

APPROXIMATELY HOW MANY YEARS HAS THIS INDIVIDUAL KNOWN YOU?

ADDITIONAL INFORMATION

POSITION APPLIED FOR

EMPLOYMENT DESIRED ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY

ARE YOU NOW OR WERE YOU EVER EMPLOYED BY THIS TOWNSHIP? ☐ YES ☐ NO
IF YES, WHAT POSITION?

FROM TO REASON FOR LEAVING:

LIST ANY RELATIVES EMPLOYED BY OR CURRENTLY HOLDING AN APPOINTEE OR ELECTIVE POSITION AT THE TOWNSHIP:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO
HAVE YOU RECEIVED ANY TRAFFIC CITATIONS IN THE LAST 5 YEARS? ☐ YES ☐ NO

IF YES, PLEASE ATTACH A SEPARATE SHEET GIVING FULL INFORMATION

IS THERE ANY OTHER INFORMATION, APPLICABLE TO THIS POSITION, YOU WISH TO HAVE CONSIDERED AS PART OF YOUR APPLICATION FOR EMPLOYMENT?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

INFORMATION PROVIDED AND STATEMENTS MADE BY ME IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE.

I UNDERSTAND THAT IF I AM EMPLOYED BY THE TOWNSHIP, THIS INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

APPLICANT SIGNATURE

DATE OF APPLICATION

DATE APPLICATION RECEIVED

REVIEWED BY

DATE

COMMENTS:

AUTHORIZATION & RELEASE

NAME: _____
please print

ADDRESS: _____
street address city state zip code

hereby authorizes the Charter Township of Ironwood or its agents or representatives to solicit any information, credit history, or opinions, verbal or written, pertaining to the undersigned.

This authorization and release shall be effective for all of the following persons or agencies, but this list shall not be inclusive as the intent of this release is to allow the Charter Township of Ironwood in complete freedom in conducting an investigation into the undersigned for purposes of potential employment of the undersigned with the Charter Township of Ironwood. The non-inclusive list of persons or organizations who may respond to this authorization is as follows:

1. Any law enforcement agency.
2. Any Local, State or Federal governmental agency.
3. U.S. Armed Forces.
4. Any educational institution.
5. Any past or present employer of the undersigned.
6. Any financial institution or credit reporting bureaus.
7. Any other person, organization or institution with information pertaining to the undersigned.

A copy of this authorization shall constitute an original when it is signed by the undersigned.

This authorization shall be effective for six (6) months following the date of execution.

Date: _____
signature of applicant

Witnessed by: _____
printed name of witness *signature of witness*