



PERE MARQUETTE

CHARTER TOWNSHIP

1699 SOUTH PERE MARQUETTE HWY. • LUDINGTON, MICHIGAN 49431
(231) 845-1277 • FAX (231) 843-3330

Application For Employment

Please Print

Last Name	First Name	Middle Initial	Today's Date
Street Address	City	Zip Code	Phone Number

Department applying for: Check all that apply.
Please attach resume

<input type="checkbox"/> Office	<input type="checkbox"/> Fire Department (See attachment)
<input type="checkbox"/> DPW/ Water/Sewer	<input type="checkbox"/> Parks/ Facilities

GENERAL INFORMATION

What position are you applying for? _____ Full Time Part Time
 When are you available to start work? _____ Are you willing to work overtime? Yes No
 Are you employed now? Yes No If so, may we contact employer? Yes No
 If hired, can you verify that you have the legal right to work in the United States? Yes No
 Do you have any special skills, training, or experience which may help quality you for this job? Yes No
 If so, please explain: _____
 Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No
 If so, please explain: _____
 How did you hear about this job? _____

WORK EXPERIENCE - LIST MOST RECENT JOB FIRST

From	Employer's Name/Address/Telephone	Job Title
To		Reason for Leaving
Describe responsibilities		
From	Employer's Name/Address/Telephone	Job Title
To		Reason for Leaving
Describe responsibilities		
From	Employer's Name/Address/Telephone	Job Title
To		Reason for Leaving
Describe responsibilities		

EDUCATION

From	High School Name	Address
To		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From	College/Trade School Name	Address
To		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From	College/Trade School Name	Address
To		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List others, if needed		

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

Applicants signature	Date
Print Name	