

**SYLVAN TOWNSHIP, 18027 OLD US 12, CHELSEA, MI 48118
PHONE 734-475-8890**

Employment Application

Personal Data

First Name		Middle Name	Last Name	
Street Address			City	State
Zip Code				
Home Phone	Daytime Phone	Mobile/ Other	Today's Date mm/dd/yyyy	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", please explain:				
Do you have a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>			Drivers License Number:	
Have you had any accidents during the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you had any moving violations during the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If hired, can you provide proof of your legal eligibility to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
How did you find out about this position? <input type="checkbox"/> Employee <input type="checkbox"/> County <input type="checkbox"/> MTA Website <input type="checkbox"/> Newspaper Other				

Position Preferences

For what position are you applying?	Desired Salary
Are you available to work:	Full Time Part Time Temporary
What date could you start work?	mm/dd/yyyy

Education

High School	School Name	City	State
	Certificate or Degree completed	Major/ Subject	Grade Point Average
College/ University	School Name	City	State
	Certificate or Degree completed	Major/ Subject	Grade Point Average
Graduate School	School Name	City	State
	Certificate or Degree completed	Major/ Subject	Grade Point Average

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Employment History

If your name, while employed at previous employers, varies from current name, please include that information.

Current Employer		City	State
Position Title	Annual Salary	Reason for wanting to leave	
Phone number	Supervisor – name, title	to Dates of employment	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Previous Employer		City	State
Position Title	Annual Salary	Reason for leaving	
Phone number	Supervisor – name, title	to Dates of employment	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Previous Employer		City	State
Position Title	Annual Salary	Reason for leaving	
Phone number	Supervisor – name, title	to Dates of employment	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			

List at least two professional/work references

Name	Title	Company	Phone	Professional Relationship
			- -	
			- -	
			- -	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying:

Applicant Release & Understanding

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING STATEMENTS AND CONDITIONS.

Less than satisfactory results or performance in any area or competency may be grounds for an immediate performance improvement plan or termination of employment.

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment.

In consideration for employment with Sylvan Township, if employed, I agree to conform to the rules, regulations, policies and procedures of Sylvan Township and understand that such compliance is a condition of employment

I hereby authorize any and all schools, employers (both current and former), references, courts, and any others who have information about me to provide such information to Sylvan Township representatives. I also release all parties involved from any and all liability for any and all damages that may result from providing such information.

Signature of Applicant

Date

Printed Name of Applicant