

GRASS LAKE CHARTER TOWNSHIP

Employment Application

373 Lakeside Drive, P.O. Box 216

Grass Lake, MI 49240

517-522-8464

Date: _____ Applying for the position of: _____

Name: _____
Last First Middle

Present Address: _____
Street City/Zip

Phone # () - Cell # () - Social Security #: _____

Date of Birth: _____ Drivers License Number: _____

REFERENCES

List below the names of people who know your work; list the names of the supervisors with whom you have worked. Applicants without work experience should include character references.

| Name of Reference | Telephone Number | Occupation of Reference | Your Position |
|-------------------|------------------|-------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Pertinent Job Skills: _____

I understand that any misrepresentation of false information provided on this form will be grounds for immediate discharge.

Applicant's Signature

ASSURANCE OF NON-DISCRIMINATION

The Grass Lake Charter Township Board is committed to a policy of non-discrimination in relation to race, color, sex religion, age, disability, or national origin. This policy will prevail in all matters concerning employees, services, and persons with whom the Board does business.

Inquiries concerning the application of, or grievance for, Title VI, VII, and IX of the Civil Rights Act of 1964 as amended or Section 504 should be addressed to Grass Lake Charter Township, P.O. Box 216, Grass Lake, MI 49240

EDUCATIONAL PREPARATION

| | Name of Institution | Location | Diploma, Degree or Credits | Field of Specialization |
|------------|---------------------|----------|----------------------------|-------------------------|
| Elementary | | | | |
| Secondary | | | | |
| Others | | | | |
| | | | | |

Organization memberships (and offices held, if any) _____

WORK EXPERIENCE

List Chronologically. Include Military Service.

| Dates of Employment From To | Type of Work | Employer's Name & Address |
|--------------------------------|--------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

FOR OFFICE USE ONLY

Arrange Interview Yes _____ No _____

Remarks _____

Interviewer Date

Employed Yes _____ No _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title Date