

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? Yes No

Please describe the accommodation you believe is needed, if any. _____

If you served in the U.S. Armed Forces, please indicate:

Branch of Service _____ Rank at discharge _____

Date of discharge _____ Dishonorable discharge? Yes No

Describe your duties and any special training. _____

In case of an emergency,
 we should notify:

_____ Name _____ Address _____ Phone No. _____

II. Reference

Give the name of three persons not related to you, who you have known at least one year.

Name	Address & Phone	Employer & Title	Years Acquainted

III. Education

	Name & Location of School	Major Subjects Studied	Years attended (for verification purposes, only)	Graduated? (Yes or No)	Degree, Diploma or Certificate & Year Obtained
High School					
Technical Training					
College					
Other					

** The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

IV. Employment History

Start with present and also list all previous employment. (Use separate sheet if necessary.)

Start with present employment and work back.

Dates (Month and Year)	Employer's Name Address & Phone Number	Supervisor's Name & Title	Positions	Salary (Starting & Ending)
From				-----
To				
Reason for Leaving				
From				-----
To				
Reason for Leaving				
From				-----
To				
Reason for Leaving				
From				-----
To				
Reason for Leaving				
From				-----
To				
Reason for Leaving				

May we contact the employers listed above? Yes No

If not, indicate which one (s) you do not wish us to contact: _____

V. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Summit Township. _____

Office Skills: Typing (wpm) _____

PC software you can operate _____

Authorization and Understanding

I certify that information given in the application and related documentation is true and complete without qualification. I understand that Summit Township may investigate my work and personal history and verify all data given on this Application, on related paper, and in interviews, and I authorize Summit Township to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Summit Township is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed by Summit Township.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Summit Township and can be terminated, with or without notice, at any time at the option of either Summit Township or myself. I further understand and agree that no manager, representative, agent or employee of Summit Township other than its Board or designee, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and by the Board or its designee of Summit Township in order to be effective.

Furthermore, I agree that if I become employed by Summit Township, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Township or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the Township's discretion and expense.

Applicant's Signature _____

Dated: _____

Please Read

This application will only be considered for a one year period after its receipt by Summit Township. Should you wish to be considered again after the expiration of this period, you must reapply.

Summit Township is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan handicappers' Civil Rights Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan Law only if the handicapper notifies 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.

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Date _____

Remarks _____

Hired _____ Position _____

Will Report _____

Wage/Salary _____

Approved by _____

Date _____