

APPLICATION FOR EMPLOYMENT

TOWNSHIP OF RICHLAND

The Township of Richland is an Equal Opportunity Employer and shall not discriminate in the hiring, promotion, discharge, pay, fringe benefits, or other aspects of employment on the basis of race, color, religion, sex, marital status, or national origin. In accord with the Americans with Disabilities act of 1990, reasonable accommodations will be made to enable qualified individuals with disabilities to perform essential job functions. Requests for reasonable accommodations or assistance with the application and selection process should be addressed to the Township Manager located at 1180 North Hemlock Road, or by telephone at (989)642-2097

Name Last _____ First _____ Middle Initial _____

Address Street _____ City _____ State _____ Zip _____

Last Previous Address Street _____ City _____ State _____ Zip _____

of years at current address _____ # of years at last previous address _____

Telephone Home () _____ Other () _____

Social Security # _____ Driver's License # _____ State _____

Military Service: Are you a veteran of the U.S. Armed Forces? _____ Branch _____

Dates of duty: from _____ to _____ Rank at discharge _____

EDUCATION

	Name and Address	Course of Study	# of Years, or Credit Hours Completed	Type of Diploma, or Degree Received
High School				
College				
Other (Please Specify)				

EMPLOYMENT EXPERIENCE (List Most Recent Employer First)

Dates Employed		Employer
From	To	Address
		Telephone () _____ Supervisor (Name & Title)
Hourly Rates/Salary		Work Performed
Starting	Final	
		Reason for Leaving

Dates Employed		Employer
From	To	Address
		Telephone () Supervisor (Name & Title)
Hourly Rates/Salary		Work Performed
Starting	Final	
		Reason for Leaving
Dates Employed		Employer
From	To	Address
		Telephone () Supervisor (Name & Title)
Hourly Rates/Salary		Work Performed
Starting	Final	
		Reason for Leaving

May we contact the employers listed above? _____

PERSONAL REFERENCES (Exclude Relatives)

Name	Telephone ()
Address	
Name	Telephone ()
Address	
Name	Telephone ()
Address	

I certify that answers given herein are true, complete and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary to arriving at an employment decision. I understand that any false or misleading information given in my application or interview(s) may result in termination of further consideration or discharge, in the event of employment.

SIGNATURE OF APPLICANT _____ DATE _____

RICHLAND TOWNSHIP

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**1180 NORTH HEMLOCK Road
Hemlock, MI 48626**

RELEASE AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the Township of Richland, Michigan, Manager and/or his/her designee bearing this Release, or true copy thereof, to obtain any information from the recipient of this document, pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal and disciplinary records, medical records and credit records. I hereby direct recipient to release such information upon request of the bearer. This authorization is executed with full knowledge and understanding that the information is for official use of the Richland Township Manager. Consent is granted for the Richland Township Manager and/or the Richland Township Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

Further, I, on behalf of myself, heirs, administrators, executors, successors, and assigns, do hereby release, indemnify, and hold harmless the Recipient and the Township of Richland, its officers, elected officials, employees, agents and representatives, as custodians of such information and records; and school, college, university or other educational institution, hospital or other repository medical records, credit bureau, lending institution, consumer reporting agency or retail business establishment, including officers, employees, or related personnel supplying such information, both individually and collectively, from and against, any and all claims, causes of action, suits, demands, losses, costs, charges or expensed (including attorney fee), judgments, or executions, of any kind whatsoever, arising out of the release of use of this information in the course of fulfilling official responsibilities in connection with consideration of my application and employment.

Should there be any questions as to the scope of this Release, Recipient may contact me as indicated below.

I further acknowledge that I have read this Release and Authorization in its entirety, that I fully understand the terms and conditions incorporated herein, that I have had every opportunity to consult with advisors of my own selection in deciding to execute the Release and Authorization, and that I have freely and voluntarily elected to enter into this Release.

I further understand that a copy of this Release and Authorization with my original signature will be retained by the Township Manager of the Township of Richland, and copies made only for the purposes stated herein.

Full Name (printed)

Full Name (Signature)

Date

Current Address: _____

Telephone: _____