

# CHARTER TOWNSHIP OF LYON

An Equal Opportunity Employer

## EMPLOYMENT APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Americans with Disabilities Act prohibits discrimination in employment due to disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well as discrimination based on height, weight, marital status or disability.

Please write or print legibly.

Today's Date \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

How long have you lived in this area?  
\_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under 18 years of age, can you get a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Position interested in: \_\_\_\_\_ Clerical \_\_\_\_\_ Administrative  
\_\_\_\_\_ Managerial \_\_\_\_\_ Other  
\_\_\_\_\_ Technical

Rate of pay expected \_\_\_\_\_ per \_\_\_\_\_

Do you wish employment: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours per week \_\_\_\_\_

Circle days of week you will not be available for work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Will transportation to work at this office be a problem for you: \_\_\_\_\_

If offered employment, how soon would you be able to start: \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Names of any relatives that work here:  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about us? \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Walk-in

\_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other

Have you read the description of this job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you qualified to perform these duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other positions you would consider:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would qualify you for work with the Township?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT RECORD**

Name of Employer:		
Address:		
Supervisor and telephone number:		
Title & description of your job		
Dates of Employment	Start	Last
Earnings	Start	Last
Reason for leaving:		

Name of Employer:		
Address:		
Supervisor and telephone number:		
Title & description of your job		
Dates of Employment	Start	Last
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Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, may we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
May we contact all of the employers above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, which one(s) do you wish we not contact? \_\_\_\_\_

If you have any periods of unemployment, please list dates and reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended or discharged from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on "Lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Identify any special skills, training or licenses you have which are related to the position for which you applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any job-related training received in the U.S. Military:

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION - Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:** (Name, address & telephone number)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the Township to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from all liability which may result in furnishing such information or opinion. I hereby release the Township and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree that if, in the opinion of the Township, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Township may be terminated.

In consideration for my employment, I agree that any action or suit against the Township arising out of my employment or termination of employment, including but not limited to, claims arising under State or Federal Civil Rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary (unless the statute of limitations provides for a shorter period of time).

I further understand that the Township may require a medical examination by a designated physician: (1) after I have received an offer of employment and prior to my commencement of employment duties; and (2) during the course of my employment as required by business necessity or for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel, and agree that if I refuse such tests before commencing employment, my offer of employment will be revoked, or if I refuse such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the Township (1) that my contract of employment is at will and may be terminated at any time, with or without notice and with or without cause, at the option of either the Township or myself; (2) that I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the Township at any time with or without notice to me; (3) that my assigned work hours may be modified by the Township, and if requested, I will be required to work overtime; (4) that this constitutes the entire agreement between the Township and myself and that any and all prior agreements are null and void, and that nothing in any documents published by the Township, either before or after this agreement, shall in any way modify the above terms; (5) that this agreement cannot be modified by any oral or written representations made by anyone employed by the Township, either before or after this agreement, except by a written document directed exclusively to me which specifically refers to this agreement and is signed by the President and me.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Note: Your application will be given active consideration for one year. After that period of time, you must reapply to be considered for employment.