

Almira Township
Employment Application

Date _____

Personal Data:

Name _____
(Last) (First) (Middle)

Address _____

Contact:

Home _____ Business _____ Email _____

May we call during business hours? _____

Social Security Number _____

Position(s) for which you are applying _____

Type of work desired:

Full-time _____ Part-time _____ Temporary _____

Date available to begin work _____

Monthly salary requirement _____

Can you perform the essential functions of the job? _____

Can you travel if required for the job? _____

Have you ever been convicted of a crime, other than a minor traffic violation? _____

If so please state citation, date, and place where offense occurred: _____

Have you previously applied or worked for Almira Township? _____

Applied: _____ Dates: _____

Worked: _____ Dates: _____

What led you to apply at Almira Township?

- _____ Own Initiative
- _____ State Employment Agency
- _____ Almira Township (Name) _____
- _____ Help Wanted Advertisement
- _____ Other (Explain) _____

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Are you 18 years or older? _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. If hired, can you provide the documentation required to prove your identity and that you are authorized to work in the U.S.?

Yes _____ No _____

Education:

High School _____
City and State _____
Diploma _____

College or University _____
City and State _____
Degree _____

Technical School / G.E.D / Other _____
City and State _____
Degree / Certification _____

Computer Skills / Experience _____

List any other training skills, aptitudes, and qualifications you feel are relevant to the type of employment you are seeking at Almira Township.

Work Experience:

Complete the following information by recording your present or most recent position. Include Military Service, summer positions, and volunteer work.

Organization _____

Address _____

Employment Dates _____

Position _____

Supervisor's Name _____

May we contact Him / Her? _____

Rate of Pay _____

Reason for leaving _____

Organization _____

Address _____

Employment Dates _____

Position _____

Supervisor's Name _____

May we contact Him / Her? _____

Rate of Pay _____

Reason for leaving _____

Organization _____

Address _____

Employment Dates _____

Position _____

Supervisor's Name _____

May we contact Him / Her? _____

Rate of Pay _____

Reason for leaving _____

Activities and Achievements:

Honors _____

Professional and Technical Associations _____

References: List three references other than relatives.

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

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Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Almira Township prior to the test so that a reasonable accommodation can be made. Almira Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by all members of the Almira Township Board and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Almira Township.

Signature

Date

*Employers specifically excepted: _____

I have **read** and **understand** the above statements and conditions of employment.

Signature

Date

We appreciate your interest in Almira Township and the time you have taken to complete this application.

Almira Township is an equal opportunity employer

For Employer Use Only

Interviewed By: _____ Date: _____

Hired? Yes _____ No _____

Starting Date: _____ Position: _____ Wage: _____

Authorization for Background Check

The job for which you are being considered may require that we obtain a credit, consumer, and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record, and/or criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. It is Almira Township policy to consider any and all information available that is relevant to a candidate's suitability and qualifications for, the position for which the candidate is being considered.

Further information on the nature and scope of such reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

Name _____
Please Print (Last) (First) (Middle)

Other Names Used _____
Alias, Maiden, ect.

Date of Birth _____

Race _____

Sex _____

I authorize Almira Township to investigate my personal history, character, educational and training records, employment records, credit history, driving record, criminal history, as they may be relevant to determine my suitability for employment as a _____ with Almira Township.

A photocopy of this signed authorization will carry the same effect as the original.

Signature

Date

Authorization to Release Information

To: _____

Address: _____

As an applicant for a position with: Almira Township

I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, Military Service character, and police records, to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons agencies, companies and firms from any damages that may result from providing such information.

Signature

Date

Witness

Date