

# NEW BUFFALO TOWNSHIP

## Employment Application

*PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE – Please fill out the application completely in addition to an attached resume*

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Current Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

How long have you lived at this residence? \_\_\_\_\_

Are you 18 years or older? ( ) Yes ( ) No      Are you legally eligible for employment in the U.S.?\* ( ) Yes ( ) No

Have you applied here before? ( ) Yes ( ) No      If yes, when \_\_\_\_\_

Have you previously worked for New Buffalo Township? ( ) Yes ( ) No

If yes, give dates, position(s) \_\_\_\_\_

Home phone # \_\_\_\_\_      Alternate phone # \_\_\_\_\_

*\* New Buffalo Township conforms to the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.*

### EMPLOYMENT DESIRED

Employment type desired: ( ) Full-Time Only ( ) Part-Time Only ( ) Full- Or Part-Time ( ) Seasonal

Position applying for: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work: ( ) Nights ( ) Weekends ( ) Holidays

If part time or seasonal, please specify days, hours, or time of year sought: \_\_\_\_\_

Available start date: \_\_\_\_\_

### EDUCATION

	SCHOOL & ADDRESS	YEARS ENROLLED	GRADUATION YEAR	MAJOR SUBJECTS/DEGREES
High School				
College				
Bus or Trade School				
Other education				

## MILITARY

Have you served in the United States Armed Forces? ( ) Yes ( ) No Which Branch? \_\_\_\_\_  
Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## EMPLOYMENT HISTORY

**Attach resume in addition to providing the requested information below.** Please list all employers for the past 10 years in consecutive order, starting with the most recent. Attach additional sheets if necessary.

Name of Employer \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
Type of Business \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_ May we contact this employer? ( ) Yes ( ) No  
Job Title \_\_\_\_\_  
Reason for leaving (be specific) \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_

Name of Employer \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
Type of Business \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_ May we contact this employer? ( ) Yes ( ) No  
Job Title \_\_\_\_\_  
Reason for leaving (be specific) \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_

Name of Employer \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
Type of Business \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_ May we contact this employer? ( ) Yes ( ) No  
Job Title \_\_\_\_\_  
Reason for leaving (be specific) \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_

Name of Employer \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ May we contact this employer? ( ) Yes ( ) No

Job Title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

What did you like about this job? \_\_\_\_\_

What did you dislike about this job? \_\_\_\_\_

**REFERENCES**

*Please give the names of three persons, not related to you, whom you have known for at least one year. Do not list any supervisors you have listed in the Employment History section.*

Name	Address	Phone	Occupation	Years Known
Name	Address	Phone	Occupation	Years Known
Name	Address	Phone	Occupation	Years Known

**SIGNATURE**

**Read Carefully Before Signing**

• I certify that the answers and information given by me in this application are true, correct to the best of my knowledge. I understand that New Buffalo Township has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

• I hereby authorize New Buffalo Township to verify the answers and information given by me in this application and to make any investigation on my background deemed necessary. I hereby authorize the Township to check my driving record. I hereby authorize all former employers, law enforcement organizations, educational institutions, personal references and any other third party contacted by New Buffalo Township to release to the Township any information they have regarding me without providing written notice to me.

• If I am hired by New Buffalo Township, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Township, as they are from time-to-time changed, with or without notice. I also understand that this application does not in any way create a contract for employment.

• If I am hired by New Buffalo Township, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, the Township can terminate the employment relationship at any time for any reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Township document or any verbal statements to the contrary. No one except the Township Board can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and approved by the Township Board.

• I also understand that (1) the Township has a drug and alcohol policy that provides for pre-employment testing (2) consent to and compliance with such policy is a condition of my employment. I further understand that continued employment may be based on the successful passing of job-related physical examinations and written examinations as issued by the State of Michigan.

**Have you been provided a job description?    ( ) Yes    ( ) No**

**Do you understand the requirements of the job?    ( ) Yes    ( ) No**

**Can you perform the requirements of the job with or without reasonable accommodation(s)?    ( ) Yes    ( ) No**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**Please return to:**            **New Buffalo Township  
17425 Red Arrow Highway  
New Buffalo, MI 49117**