

# Shiawassee Township Employment Application

Shiawassee Township P.O. Box 86 Bancroft MI 48414  
Township Hall 3719 Grand River Rd Bancroft  
Phone 989-634-9700  
Fax 989-634-5689

*Shiawassee Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.*

**Position applied for:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

**Date you can start:** \_\_\_\_\_

**Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.**

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
Last First Middle

**Present address:** \_\_\_\_\_  
Street City State Zip

**Telephone #: Home** (\_\_\_\_\_) \_\_\_\_\_

**Work** (\_\_\_\_\_) \_\_\_\_\_

**Are you 18 years or older?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Are there any hours or days of the week you cannot work?** \_\_\_\_\_ **If so, When?** \_\_\_\_\_

**Salary desired:** \_\_\_\_\_ **Type of employment:** \_\_\_\_\_ **Full-time** \_\_\_\_\_ **Part-time**

**Are you employed now?** \_\_\_\_\_ **May we contact your present employer?** \_\_\_\_\_

**Have you ever applied to the Fire Department before?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Under what name?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Are you able to perform the essential functions of the position you are applying for, either with or without accommodation?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\* \* \* \*



**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE ?	SUBJECT /MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? \_\_\_\_\_ Date entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_ No \_\_\_\_\_ Yes  
 (The response to this question will be considered in the context of its job-relatedness only.)

If so, please state citation, date and place where offense occurred. \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES: Three individuals not related to you, whom you have known for at least one year:**

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: \_\_\_\_\_  
 Name Street City/State Telephone No.

**CURRENT AND MOST RECENT FORMER EMPLOYERS: (Most recent one first)**

DATE MONTH/ YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY STARTING/ ENDING	LAST POSITION HELD/ RESPONSIB ILITIES	REASON FOR LEAVING	WHAT DID YOU LIKE ABOUT THIS JOB?	WHAT DID YOU DISLIKE ABOUT THIS JOB?
From:       To:						
From:       To:						
From:       To:						
From:       To:						

May we contact the employers listed?  Yes  No

If not, which one(s)? \_\_\_\_\_