

CHARTER TOWNSHIP OF MUNDY APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Complete All Sections, if not applicable, write N/A

For Personnel Office Use Only

- Did not meet application/transcript deadline
- Did not meet the minimum qualifications
- Not selected for an interview
- Did not appear, or cancelled interview
- Interviewed, not selected
- Interviewed and selected
- Declined interview/position (circle one)

Date Notified _____ Initial _____

DATE: _____ POSITION YOU ARE APPLYING FOR: _____

NAME _____ Last _____ First _____ Middle _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ OTHER PHONE (____) _____ e-mail: _____

HOW LONG AT PRESENT ADDRESS? _____ PREVIOUS ADDRESS _____

STATE _____ ZIP CODE _____ HOW LONG DID YOU LIVE AT THIS ADDRESS? _____

POLICE OFFICER APPLICANTS ONLY:

MCOLES Status: _____ Licensed - Active _____ Licensed - Inactive* _____ License Expired _____ MCOLES Number: _____
_____ Pre-Service Graduate* _____ Recognition of Prior Training Completed* _____ * Date Eligibility for License Expires: _____

Basic Training Academy or Program Completed: _____ Date: _____

MCOLES Written Test Completion Date: _____ Band: _____ MCOLES Physical Fitness Test Completion Date: _____

Are you currently or have you previously been employed by Mundy Township? Yes _____ No _____

Have you ever been convicted of any felony or misdemeanor, not including civil citations but including juvenile offenses? Yes _____ No _____

Mundy Township Is An Equal Opportunity Employer. We Do Not Discriminate On The Basis Of Race, Religion, Color, Sex Age, National Origin Disability, Or Any Other Legally Protected Status

If you have a disability which impairs your ability to apply for a position, please be advised that this office will upon request, provide assistance in reading or completing the application, as needed.

Please Forward Completed Application To:

Personnel Director
Charter Township of Mundy
3478 Mundy Avenue
Swartz Creek, MI 48473

EDUCATION INFORMATION

TYPE OF SCHOOL	GRADUATE?	TYPE OF DEGREE	MAJOR OR CONCENTRATION	NAME OF SCHOOL
High School GED	___ No ___ Yes	_____	_____	_____
Vocational (cert.)	___ No ___ Yes	_____	_____	_____
Jr. Comm. College	___ No ___ Yes	_____	_____	_____
College/University (MA, MS, MSW, PhD Graduate)	___ No ___ Yes	_____	_____	_____
Other (Specify)	___ No ___ Yes	_____	_____	_____

EMPLOYMENT EXPERIENCE

Only information included on/or submitted with this form will be considered.

LIST MOST RECENT FIRST

- | | | | | | | |
|------------------------|-----------|-------------------------|------------|--|----------|--------------|
| 1. _____ | Employer | Street | City | State | Zip Code | Phone Number |
| _____ | Job Title | From Mo./Yr. To Mo./Yr. | Supervisor | Specific reason for leaving (ie. Discharged, laid off, quit) | | |
| Describe Duties: _____ | | | | | | |
| _____ | | | | | | |
- | | | | | | | |
|------------------------|-----------|-------------------------|------------|--|----------|--------------|
| 2. _____ | Employer | Street | City | State | Zip Code | Phone Number |
| _____ | Job Title | From Mo./Yr. To Mo./Yr. | Supervisor | Specific reason for leaving (ie. Discharged, laid off, quit) | | |
| Describe Duties: _____ | | | | | | |
| _____ | | | | | | |
- | | | | | | | |
|------------------------|-----------|-------------------------|------------|--|----------|--------------|
| 3. _____ | Employer | Street | City | State | Zip Code | Phone Number |
| _____ | Job Title | From Mo./Yr. To Mo./Yr. | Supervisor | Specific reason for leaving (ie. Discharged, laid off, quit) | | |
| Describe Duties: _____ | | | | | | |
| _____ | | | | | | |

EMPLOYMENT EXPERIENCE (Continued)

4. _____ Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone Number _____

Job Title _____ From Mo./Yr. To Mo./Yr. Supervisor _____ Specific reason for leaving (ie. Discharged, laid off, quit) _____

Describe Duties: _____

5. _____ Employer _____ Street _____ City _____ State _____ Zip Code _____ Phone Number _____

Job Title _____ From Mo./Yr. To Mo./Yr. Supervisor _____ Specific reason for leaving (ie. Discharged, laid off, quit) _____

Describe Duties: _____

Occasionally, the form of an application makes it difficult for an individual to adequately summarize a complete background. To assist in properly assessing qualifications, use the space below to present any additional information relevant to employment with Mundy Township. Include experiences, skills, hobbies, volunteer work, etc. not covered above.

MILITARY EXPERIENCE

Have you ever served in the Armed Forces? Yes _____ No _____

If yes, dates of duty:

FROM _____ Month _____ Day _____ Year _____ TO _____ Month _____ Day _____ Year _____

What were your duties in the Service? (include special training) _____

SPECIAL QUALIFICATIONS

Special License(s) or Certificates

Type _____ Issued By _____ Expiration Date _____

List types of equipment you can operate, including computer and software capability: _____

Person to be notified in case of emergency:

Name _____ Street _____
City _____ State _____ Zip Code _____ Phone (_____) _____

Miscellaneous

Date available for work _____ Desired salary range _____

By signing this application, I hereby:

1. Certify that the information contained in this application is true to the best of my knowledge and belief. I further understand that, if employed, any misrepresentation of fact in this application may result in my discharge.
2. Authorize my previous employer(s) to release to Mundy Township any information with respect to my employment with said previous employer(s) as Mundy Township may request, including copies thereof.
3. Acknowledge and agree that, if employed, my employment is "at will" or subject to termination at any time during my probationary period for any reason or no reason at all by either the employer or myself. I further understand that no oral statement of representation made before or during my probationary period will change, modify or mend that "at will" nature of my employment.
4. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon request under the provisions of the Freedom of Information Act, unless I am able to demonstrate through written request at the time of application that the release of this information represents a clearly unwarranted invasion of personal privacy.
5. Agree to a State of Michigan Background Check and Annual Driver's License Review.

Signature of Applicant _____ Date _____