



**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	_____	_____	_____

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

**EMPLOYMENT EXPERIENCE**  
LIST MOST RECENT FIRST

- | 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: _____ |                         |            |  |          |              |
- | 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: _____ |                         |            |  |          |              |
- | 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 \_\_\_\_\_