

Oceola Township
1577 N. Latson Road
Howell, MI 48843
Telephone: 517 546-3259
Fax: 517 546-1039
Email: clerk@oceolatwp.org

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date _____

NAME _____

PRESENT ADDRESS _____

Street

City

TELEPHONE _____

State

Zip

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ ARE YOU 18 YEARS OLD OR OLDER? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME OR DO YOU HAVE CHARGES OR CONVICTIONS PENDING?

(Note: Conviction record will not necessarily be a bar to employment)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY/WAGE DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED AT THIS TOWNSHIP BEFORE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS or CORRESPONDENCE SCHOOL	_____	_____	_____	_____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT SPECIAL WORK EXPERIENCE HAVE YOU HAD?

U.S. MILITARY OR
 NAVAL SERVICE _____ FROM _____ TO _____ DATE DISCHARGED _____
 RANK AND DUTIES _____ PRESENT MEMBERSHIP IN
 NATIONAL GUARD OR RESERVES? _____

PRIOR EMPLOYMENT (Start with your most recent employer. Please attach separate page if necessary)

Employer _____ Phone() _____ From _____ To _____
 Address _____ City, State and Zip _____ Position _____
 Duties _____ Supervisors Name _____
 Starting Salary/Wages _____ Final Salary/Wages _____
 Reason for Leaving: _____

Employer _____ Phone() _____ From _____ To _____
 Address _____ City, State and Zip _____ Position _____
 Duties _____ Supervisors Name _____
 Starting Salary/Wages _____ Final Salary/Wages _____ + _____
 Reason for Leaving: _____

Employer _____ Phone() _____ From _____ To _____
 Address _____ City, State and Zip _____ Position _____
 Duties _____ Supervisors Name _____
 Starting Salary/Wages _____ Final Salary/Wages _____
 Reason for Leaving: _____

REFERENCES:

LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME _____	ADDRESS _____	YEARS KNOWN _____	TELEPHONE _____
NAME _____	ADDRESS _____	YEARS KNOWN _____	TELEPHONE _____
NAME _____	ADDRESS _____	YEARS KNOWN _____	TELEPHONE _____

IN CASE OF
 EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO.

The above information is true and complete to the best of my knowledge. Should I be employed by the Township, any misrepresentation or false statement contained herein will be considered cause for possible dismissal. Oceola Township has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Township.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Township, during my probation period, I may resign such employment at any time at my discretion, with or without prior notice and the District may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. I also understand that my supervisor has no authority to change this at will relationship during and following my probationary period. This constitutes the entire agreement concerning potential employment with the Township.

I understand that should it be requested, I will submit to a drug test, fingerprinting, criminal background check and prior employment inquiries at my expense. Further, if hired, I agree to a limit of six months from the time of occurrence in which to bring employment claims.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____

Accepted for employment: _____ Yes _____ No Position: _____

Starting Rate \$ _____ per Hour _____ Week _____ Scheduled to start work _____/_____/_____

Interviewed by : _____ Date: _____/_____/_____

Approved by: _____ Date: _____/_____/_____