

Charter Township of Bangor Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Township as soon as possible.

The Charter Township of Bangor (Township) is an Equal Opportunity Employer. It is the Township's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, citizenship, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known. Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

PERSONAL INFORMATION _____ Date of Application

Name (first, middle, last)

Present Address (street, city, state, zip code)

Home Telephone or Number at Which You Can be Reached

Business Telephone

Position Desired

Salary/Hourly Rate Desired

Date Available

1. Are you at least 18 years old? Yes No
(if under 18) Work Permit No. _____

2. Have you ever been convicted of a crime (including misdemeanors)? Yes No
Are there any felony charges pending against you? Yes No

(A "Yes" answer to either question will not automatically disqualify you).

Explain: _____

3. Have you previously been employed by the Township? Yes No

If yes, when: _____

Under what name: _____

4. Have you submitted an application to the Township before? Yes No

If yes, when: _____

Under what name: _____

5. List any/all relatives currently employed at the Township:

Complete the following only if the position requires a driver's license:

Driver's License Number: _____

Has your driver's license ever been revoked, suspended or restricted? Yes No

If yes, for what reason and for how long? _____

List any moving violations during the last three (3) years: _____

EDUCATIONAL HISTORY

Circle the last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

Schools (include trade schools) attended other location than high school

City and State	Course or Major Studied	Dates Attended	Degree
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_____	_____	_____	_____
_____	_____	_____	_____

Do you possess any training or certification not asked for on this application: Yes No

If yes, explain: _____

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Company Address	Phone Number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Company Name	Company Address	Phone Number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Company Name	Company Address	Phone Number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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In case of emergency, contact:

Name: _____

Address: _____

Telephone: _____

**CHARTER TOWNSHIP OF BANGOR
EMPLOYMENT APPLICATION AGREEMENT**

I certify that all of the information furnished on this agreement is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Charter Township of Bangor, (Township) if employed.

I understand that consideration for employment at the Township, is conditional upon a review of my qualifications, work history, references, etc. I authorize the Township, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with the Township, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Township, in connection with my application for employment with the Township. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Township.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Township, with or without cause, and with or without any previous notice. I also understand and agree that the Township has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Township employee nor representative, other than the Township Board, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Township are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Township, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the even that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

Dated: _____

Signature: _____

(Applicant's name – printed): _____



Troy R. Cunningham
Sheriff Of Bay County

Christopher D. Mausolf
Undersheriff

Troy A. Stewart
Jail Administrator

WAIVER FOR LOCAL RECORDS CHECK

I HEREBY AUTHORIZE THE Bay County Sheriff's Office to investigate my past record and provide any information on same, releasing any person or persons whomsoever, from any damage because of furnishing said information.

Print Name _____

Date of Birth _____

Signature _____

Date Signed _____

Witness _____

Bay County Sheriff's Office
Records Division
Fax# 989-895-4007

PERSON SENDING REQUEST OR AUTHORIZING RECORDS CHECK BY BAY COUNTY SHERIFF'S OFFICE.
(Must be filled out in order to receive any information back).

Print name _____

Signature _____

Phone Number _____

Fax Number _____

Email _____

