Macomb Township
Employment Application
An Equal Opportunity Employer
Drug Free Workplace

Instructions: Type or print in ink. Please complete all sections of the application even if you attach a resume. Extra pages may be attached if you need them. This form may be emailed to humanresources@macomb-mi.gov, returned to the Human Resources Department in person or mailed to:

Macomb Township
Human Resources Department – SA
54111 Broughton Road
Macomb, MI 48042

DATE _____ POSITION APPLIED FOR _____

NAME _____
(Last) (First) (Middle)

PRESENT
ADDRESS
_____
(Street) (City) (State) (Zip Code)

E-MAIL ADDRESS _____ DRIVER'S LICENSE # _____

CELL _____ OTHER _____

Are you at least 18 years of age? Yes ☐ No ☐ (Proof of eligibility to work as a minor may be required)

Are you legally eligible for employment in this country? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐
If **yes**, explain when, where, and the nature of the offense _____

_____
(A conviction record will not necessarily be a bar to employment and other factors such as age, time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

Have you ever submitted an application here before? Yes ☐ No ☐
If **yes**, gives date(s) and position(s) _____

Have you ever been employed here before? Yes ☐ No ☐
If **yes**, gives date(s) and position(s) _____

Date you can start _____ Salary desired _____

Are there any reasons you may have difficulty in performing, with or without accommodation, any of the essential functions of the job for which you have applied? If so, please explain: _____

_____

_____

Are you a U.S. Armed Forces Veteran? Yes ☐ No ☐

Branch of Service _____ Rank _____ Date of Entry _____ Date of Discharge _____

Referral Source

☐ Employee _____ ☐ School/Job Fair _____

☐ Friend _____ ☐ Company Website _____

☐ Employment Agency _____ ☐ Facebook _____

☐ Walk-in _____ ☐ Other _____

Person to notify in case of emergency

NAME _____ ADDRESS _____

CELL PHONE _____ WORK PHONE _____

Education and Training

Name of Your Last High School:	Did you graduate? Yes ☐ No ☐ If **not**, do you have a GED Certificate? Yes ☐ No ☐ Are you in high school now? Yes ☐ No ☐ Highest grade completed _____
_____	

College/University Name (Include City & State)	Major/Minor	GPA	Status of Degree
_____ _____	_____ _____		Degree Completed? Yes ☐ No ☐ If no, years completed _____
_____ _____	_____ _____		Degree Completed? Yes ☐ No ☐ If no, years completed _____
_____ _____	_____ _____		Degree Completed? Yes ☐ No ☐ If no, years completed _____

Business Trade, or Vocational School (Include City & State)	Type of Degree, Program, and/or Certificate Pursued	Status of Degree, Program, and/or Certificate Pursued
_____ _____	_____ _____	Completed? Yes ☐ No ☐ If no, years completed _____
_____ _____	_____ _____	Completed? Yes ☐ No ☐ If no, years completed _____
_____ _____	_____ _____	Completed? Yes ☐ No ☐ If no, years completed _____

Have you completed any other school and/or training (ex: armed forces, licenses, etc.)? If yes, please provide school name, address, subjects studied, certificates, and any other pertinent information. _____

_____

_____

Employment History

Instructions: Starting with your most recent employer, please list the jobs you have held within the last 15 years. Use an extra sheet of paper if necessary.

Employer ____________________ Address ____________________ (Street) (City/State/Zip) Date Started __________ Date Ended __________ Position(s) ____________________ Starting Compensation ____________________ Ending/Current Compensation ____________________ Commission/Bonus/Other Compensation __________	Summarize the type of work performed/job responsibilities. ____________________ ____________________ ____________________ ____________________ Why did you leave? ____________________ ____________________
Employer ____________________ Address ____________________ (Street) (City/State/Zip) Date Started __________ Date Ended __________ Position(s) ____________________ Starting Compensation ____________________ Ending/Current Compensation ____________________ Commission/Bonus/Other Compensation __________	Summarize the type of work performed/job responsibilities. ____________________ ____________________ ____________________ ____________________ Why did you leave? ____________________ ____________________
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References

Please do *not* use family members as references.

Name	Title	Relationship to you	Phone Number	# of years known

Applicant Statement

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by Macomb Township. All the statements provided by me in this Employment Application are subject to investigation by Macomb Township. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by Macomb Township. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the Township.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the Township arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the Township in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

I certify that have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____