

CHARTER TOWNSHIP OF LYON

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Americans with Disabilities Act prohibits discrimination in employment due to disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well as discrimination based on height, weight, marital status or disability.

Your application will be given active consideration for one year. After that period of time, you must reapply to be considered for employment.

Today's Date ___/___/___

Please write or print legibly.

NAME _____

TELEPHONE NO. _____ SOCIAL SECURITY NO. _____

MAILING ADDRESS

How long have you lived in this area? _____

Are you 18 years of age or older? Yes _____ No _____

If you are under 18 years of age, can you get a work permit? Yes _____ No _____

Position interested in: Clerical _____ Administrative _____ Managerial _____ Technical _____ Other _____

Rate of pay expected _____ per _____

Do you wish employment: Full-time _____ Part-time _____ Hours per week _____

Circle days of week you will not be available for work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Will transportation to work at this office be a problem for you: _____

If offered employment, how soon would you be able to start: _____

Have you worked for us before? _____ If yes, when? _____

Names of relatives that work here: _____

How did you learn about us? _____ Advertisement _____ Friend _____ Walk-in _____ Relative
_____ Employment Agency _____ Other

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

Are there any felony or misdemeanor charges pending against you? Yes _____ No _____

If you answered yes to either of the last two questions, complete the following:

Date of Offense	Offense	Place	Disposition

Have you read the description of this job? Yes _____ No _____

Are you able to perform any or all of these job functions with or without a reasonable accommodation?

Yes _____ No _____

Are there any other experiences, skills, or qualifications which you feel would qualify you for work with the Township? _____

List training, skills, licenses and/or certificates that may qualify you to perform job related functions in the position for which you are applying. _____

Do you have any commitments to another employer that might affect your employment with us? _____

If so, explain: _____

EMPLOYMENT RECORD (most recent first)

(1) Name of Employer:		
Address:		
Supervisor and telephone number:		
Title and description of your job		
Dates of Employment:	Start	Last
Earnings:	Start	Last
Reason for Leaving:		
(2) Name of Employer:		
Address:		
Supervisor and telephone number:		
Title and description of your job		
Dates of Employment:	Start	Last
Earnings:	Start	Last
Reason for Leaving:		
(3) Name of Employer:		
Address:		
Supervisor and telephone number:		
Title and description of your job		
Dates of Employment:	Start	Last
Earnings:	Start	Last
Reason for Leaving:		
(4) Name of Employer:		
Address:		
Supervisor and telephone number:		
Title and description of your job		
Dates of Employment:	Start	Last
Earnings:	Start	Last
Reason for Leaving:		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

1. The facts set forth above (and accompanying resume, if any) are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the Township to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from all liability which may result in furnishing such information or opinion. I hereby release the Township and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree that if, in the opinion of the Township, the results of the investigation are unsatisfactory that an offer of employment that has been made may be withdrawn or my employment with the Township may be terminated. (Please Initial) _____

2. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Township Supervisor or Clerk to attempt to make a reasonable accommodation for it. I must make my request in writing to the Township Supervisor or Clerk as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, the notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed. (Please Initial) _____

3. In consideration for my employment, I 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 (unless the statute of limitations provides for a shorter period of time). (Please Initial) _____

4. I further understand that the Township may require a medical examination by a designated physician (1) after have I have received an offer of employment and prior to my commencement of employment duties and (2) during the course of employment as required by business necessity or for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel, and agree that if I refuse such tests before commencing employment, my offer of employment will be revoked, or if I refuse such tests after being employed, my employment will be terminated. (Please Initial) _____

5. I agree that this application is not an offer of employment. I agree that if I am employed by the Township (1) that my term of employment is at will and may be terminated at any time, with or without cause, at the option of either the Township or myself; (2) that I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the Township at any time with or without notice to me; (3) that my assigned work hours may be modified by the Township, and if requested, I will be required to work overtime; (4) that this constitutes the entire agreement between the Township and myself and that any and all prior agreements are null and void, and that nothing in any documents published by the Township, either before or after this agreement, shall in any way modify the above terms; (5) that this agreement cannot be modified by any oral or written representations made by anyone employed by the Township, either before or after this agreement, a written document directed exclusively to me which specifically refers to this agreement and is signed by the Supervisor and me. (Please Initial) _____

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT.

Date: _____ Signature of Applicant: _____